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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087 : (954)389-1333 Fax Number : (954)389-1397

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROACTIVO CAPITAL GROUP, LLC

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Hclp

Tallahassee, FL 32301

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COVER LETTER

TO: Registration Division of					
PROA	CTIVO	CAPITAL GROUP, LLC			
SUBJECT:		Name of Limit	ted Liability Company		
The enclosed Articl	cs of Ar	mendment and fee(s) are subn	nitted for filing.		
Please return all cor	respond	lence concerning this matter t	o the following:		
		DANIELLA SANTANA			
			Name of Person		-
		SALVER & COOK LUP			
			Finn/Company		_
		2721 EXECUTIVE PARK	DR STE 4		
			Address		-
		WESTON, FL 33331			
		D.SANTANA@PSCCPAS.			_
			o he used for future annual rep	port notification)	
For further informa	tion cor	ncorning this matter, please ca			
at (954 389-1 at ()			
N N	iume of F	² erson	Area Code	Daytime Felephone Numb	ùr
Enclosed is a check	c for the	following amount:			
S25.00 Filing F	⁷ ee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certific	ate of Status &
R C P	Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations (6327 sec, FL 32314	Registratio Division of Clifton Bui	f Corporations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	~ *	19
PROACTIVO CAPITAL GROUP, LLC		
(Name of the Limited Liability (A Florida La	Company as It now appears on our r imited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Conflorida document number £17000243820	npany were filed on 11/27/2017	and assign
This amendment is submitted to amend the following:	•	5
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	At inhitis Company "The decionation	"I.I.C" or the obbreviation "I.I.C."
·	d Liabinty Company, the designation	LEC Of the about visitor C.C.O.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
	<u>-,</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our re ss here:	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	oddress
		, Florida
	Cin	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is heing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

07/15/2019 10:38 9543891397

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR - Authorized Member

Title	<u>Name</u>	<u>Addręss</u>	Type of Action
1 N 410 D	DANIEL PINO	3029 NE 188 ST	
AMBR			
		STE 604	
			Remove
		AVENTURA, FL 33180	
			Change
			☐ Remove
			Change
			Change
			Add
			D Add
			Remove
			CI Remove
			Channe Channe
			Change
			.
			D Add
			P=1 =
			Remove
			□ Change
			
	<u></u>		Add
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			Remove
			-
			Change

Page 3 of 3 Piling Fee: \$25.00

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