L20000381927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

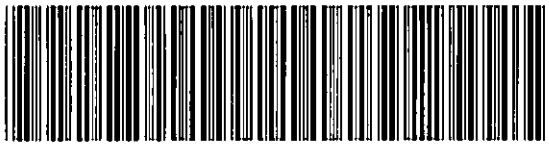
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700356846647

12/28/20--01001--004 **25.00

FILED
2020 DEC 23 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES. INC
2530 CLARE DRIVE
TALLAHASSEE. FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. PROSOFT LLC
Name **Document Number (if known)**

_X_ Walk in ____ Will wait

___ Certified Copy of the Articles of Organization
____ **Certificate of Status**

NEW FILINGS

____ Profit
____ Not for Profit
___ Limited Liability
_____Domestication
_____ INC

___ OTHER

AMENDMENTS

__X__ Amendment
____Resignation of R.A. Officer/Director
____Change of Registered Agent
____Dissolution/Withdrawal
____ Conversion

____Merger

OTHER FILINGS

____Annual Report

____Fictitious Name

_____ Statement of Authority

___APOSTIL () _____
COUNTRY

REGISTRATION/QUALIFICATIONS

___Foreign
___Limited Partnership
____Reinstatement

____Trademark
_____Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

[illegible] LLC

(Name of the Limited Liability Company as it now appears on our records.)
[illegible]

The Articles of Organization for this Limited Liability Company were filed on [illegible] 2020 and assigned Florida document number [illegible]

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

[illegible]

Enter new principal offices address, if applicable: 5700 COLLINS AVE

(Principal office address MUST BE A STREET ADDRESS) UNIT [illegible]

MIAMI BEACH, FL [illegible]

Enter new mailing address, if applicable: 5700 COLLINS AVE

(Mailing address MAY BE A POST OFFICE BOX) UNIT 12 [illegible]

MIAMI BEACH, FL 33140

FILED
2020 DEC 23 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: BLUEMAX PARTNERS CORP

New Registered Office Address: 777 BRICKELL AVE STE 500-49

[illegible]

MIAMI, Florida [illegible]

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 being 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.

[signature]

If Changing Registered Agent, Signature of New Registered Agent

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	Name	Address	Type of Action
MGR AMBR	[illegible]	5700 COLLINS AVE	Add
		UNIT 12 N	Remove
		MIAMI BEACH, FL 33140	Change
MGR AMBR	MARIA ELENA LOPEZ BARRIERO	5700 COLLINS AVE	Add
		UNIT 12 N	Remove
		MIAMI BEACH, FL 33140	Change
MGR	MARTIN DELLOCA	777 BRICKELL AVE	Add
		STE 500-49	Remove
		MIAMI, FL 33131	Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. **Effective date, if other than the date of filing: _______________________________ (optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after [illegible])
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (i)[illegible] The 90th day after the record is filed.

Dated: DeC 18, 2020

MEDaoo's
Signature of a member or authorized representative of a member

Martin Dellone
Typed or printed name of signee

Filing Fee: $25.00