

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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May 2, 2025

ZAMIR J SABA 2620 NW 39TH AVE MIAMI, FL 33142

SUBJECT: PROSERVI LLC Ref. Number: L22000185886

We have received your document for PROSERVI LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

SECRETARY OF STATE

Letter Number: 125A00009520

## **COVER LETTER**

SURIECT:	Proserus LLC	<u>-</u>		
NOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of Am	nendment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	ZAMI	r SABA		
SUBJECT:    Proservi   LC   Name of Limited Liability Company				
	P.rose	rvi LLC		
		Firm/Company		
	Proscrut LL Name of Lin Amendment and fee(s) are subsidence concerning this matter  ZAM  Prosc  L-mail address:  meerning this matter, please of SABA  Person  e following amount:  S30.00 Filing Fee & Certificate of Status	NW 39TH Avenue		
		Address		
	MIAMI	FL 33142		
		City/State and Zip Code		
_	EJSA	16A1 @ymail.com	<u>.</u>	
		-	leation)	
For further information conc	erning this matter, please ca	all:		
ZAMIT	SAGA	at 186 683 1	427	
		Area Code Daytime	Telephone Number	
Enclosed is a check for the fo	ollowing amount:			
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Address:		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327	манина	The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Proserui	LLC	
(Name of the Limited Lia (A Flo	bility Company as it now appears on crida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number	v Company were filed on	4/19/2022 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	.imited Liability Company," the designs	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		2025 U SECA
(Mailing address MAY BE A POST OFFICE BOX)		
		29 F
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	vet address
_	City	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 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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Maria J SALA	7903 NW 105TH Ave	□Add
		DOTAL FL 33179	<b>#</b> Remove
			□Change
			□Remove
			⊡Change
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			□Remove
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			Remove

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Dated July 18 2025  Signature of a member or authorized representative of a member	<u>Note:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	207 (, . as th
Signature of a member or aninorized representative of a member			he
Signature of a member or authorized representative of a member	Pated	July 18 2025	
Signature of a member or authorized representative of a member		LALER SABA	
		Signature of a member or authorized representative of a member	

Filing Fee: \$25.00