A0200001630

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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A02-1630



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ZOLO JAN IL AM 10: 07
SECRETARY OF STATE

M. THOMAS

JAN 15 2010

EXAMINER



January 5, 2010

YVETTE BROWN 2834 A S.W. PORT SAINT LUCIE BLVD. PORT SAINT LUCIE, FL 34953

SUBJECT: PROCUTS I, LTD. Ref. Number: A02000001630

We have received your document for PROCUTS I, LTD. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas 'Regulatory Specialist II

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Letter Number: 210A00000

COVER LETTER

Division of Corporations	
SUBJECT: Procuts (Name of Limited Liability C	Company)
The enclosed member, managing member or manager restiling.	signation and fee(s) are submitted for
Please-return all correspondence concerning this matter to	0:
YVETTE BROWN (Contact Person)	
(Firm/Company)	<u> </u>
2834 A S.W. Port Soint Luci	E Blub.
Root Saint Lucie Fl 34953 (City/State and Zip Code)	E Blud.
For further information concerning this matter, please cal	II:
(Name of Contact Person) at (773) (Area Co	2)873-8388 de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building 2661 Executive Center Circle

Tallahassee, Florida 32301

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	OF		
Ococuts	=1 LTD		
Insert name currentl	y on file with Florida Depa	rtment of State	
Pursuant to the provisions of section 620.12 limited liability limited partnership, whose of adopts the following certificate of amendments	ertificate was filed wi	th the Florida Department of State	on O
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of here:	the limited partnershi	p or limited liability limited partner	<u>ship</u>
New name must be dist	nguishable and contain an	acceptable suffix.	_
Acceptable Limited Partnership suffixes: Limited Pa Acceptable Limited Liability Limited Partnership suj	fixes: Limited Liability Lin	nited Partnership, L.L.L.P. or LLLP.	
B. If amending mailing address and/or p principal office address here:	rincipal office addre	ss, enter new mailing address and	1/67\
New Principal Office Address (Must be STREET address)	<u> </u>	ASSECTION OF THE PROPERTY OF T	
New Mailing Address: (May be post office box)		ON THE PARTY OF TH	2
C. If amending the registered agent and/or new registered agent and/or the new registere		s on our records, enter the name o	<u>f the</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl.	prida street address	
	Liuci Fu	Florida	
-	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.

		_
If Changing Registered	Agent, Signature of New Registered Agent	

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
partenes	Deborah Race	103 NE 246 AVE CROSS CITY IT	Remove
		33428	Add Remove
			Remove AN I
			Remove STATE
			Add Remove
			Add Remove
			-

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other inform	nation, enter chan	ge(s) here: (Attach add	ntional sneets, if necessary.)
ffective date, if other than the date	of filing:		
flective date, it other than the date iffective date cannot be prior to nor more ate.)	than 90 days after th	ne date this document is f	iled by the Florida Department of
•	·		
gnature(s) of a general partner o	or all general pa	rtners*:	
NOTE: Only one current general partner moving a "limited liability limited partner then adding or removing a "limited liability"	rship" election staten	ment. Chapter 620, F.S., i	imited partnership is adding or requires all general partners to sign
Luta Brown			
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gnature(s) of all new or dissociat	ting general par	tner(s), if any:	
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			2010 J
			JAN 14 AHASS
0	\$52.50 \$53.50		m-<
Sertified Copy (optional): \$ Sertificate of Status (optional):	\$52.50 \$8.75		AN IO: 0