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(Address)				
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SECRETARY OF STATE

DB 12/1

COVER LETTER

TO: Registration : Division of Co				
SUBJECT: Pro P	rocessing, LLC			
	(Name of Limited Liability Company)			
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.			
Please return all corresp	pondence concerning this matter to the following:			
	Holly Oswald			
	(Name of Person)	-		
	Pro Processing, LLC			
	(Firm/Company)		_	
	421 SW 29th Avenue	SECR)7 EE	- T
	(Address)	HAS	- -	racess.
	Cape Coral, FL 33991	SEE	7	il Il
	(City/State and Zip Code))f S] , FL(<u> </u>	
For further information	concerning this matter, please call:	TATE ORIDA	AH 10: L-5	
Holly Oswald	at (239) 878-1229			
(Nam	e of Person) (Area Code & Daytime Telephone N	umber)	-	
Enclosed is a check for th	e following amount:	•		
S25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional)	of Status &	osed)	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(Present Name) (A Florida Limited Liability Company)			
FIRST:	The Articles of Organization were filed on 11/08/2004 and assigned			
	document number L04000080651			
SECOND:	This amendment is submitted to amend the following:			
	Name & Address of Business to:			
	ProProcessing of SW FL, LLC			
	421 SW 29th Avenue	<u> </u>		
	Cape Coral, FL 33991	SE	07	
		CRE1	930	
		ARY SSE	<u>-</u>	
		OF S	A	
		-ORIG	Sn :0	
		→ •	S	
				
Dated De	cember 4th 2007			
	Signature of a member or authorized representative of a member			
	Holly Oswald			
	Typed or printed name of signee			

Filing Fee: \$25.00