## 05000053788

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T. CLINE
DEC 18 2008
EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: PROCC	ORP SOUTHEAST L	LC ited Liability Company)	
	(Name of Lim	ned Lisothly Company)	
	Amendment and fee(s) are sub	-	
	Dick Mackin		
		(Name of Person)	
	PROCORP SOUTHEAS	TLLC	
		(Firm/Company)	
	1709 W. Groveleaf Ave.		
		(Address)	
	Palm Harbor, Florida 346	83	
		(City/State and Zip Code)	: r>
For further information c	oncerning this matter, please ca	ali:	2008 DEC 17 SECRETARI TALLAHASS
Dick Mackin		at ( 727 ) 787-0256	C 17
(Name o	of Person)	(Area Code & Daytime	
			Telephone Number)
Enclosed is a check for the	e following amount:		' የታ
\$25.00 Filing Fee	☐\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROCORP SOUTHEAST LLC			
(Name of the Limited Liability Compa (A Florida Limited I	i <mark>ny as it now appears on our records.</mark> Liability Company)	)	
The Articles of Organization for this Limited Liability Company	were filed on May 31, 2005	and assigned	
Florida document number <u>L05000053788</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		<del>- 30 = -</del>	
(Principal office address MUST BE A STREET ADDRESS)			
		AR F	
Enter new mailing address, if applicable:	Greg Mackin	SSEE O	
(Mailing address MAY BE A POST OFFICE BOX)	27 Harbor Woods Circle	FI.S 17	
	Safety Harbor, Florida 34695	RA E	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	,	
	_		
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florida street address)		
<del></del>	(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 608, 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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ted Mackin	1250 S. Pinellas Ave. #505 Tarpon Springs, Florida 34689	Add Remove
MGR	Dick Mackin	1709 W. Groveleaf Ave. Palm Harbor, Florida 34683	Add Remove
			Add Remove
<del></del>	·		Add Remove
			SECONOR IN TALL AHR
<del></del>			Add Remove
	ding any other information, enter chis amendment to be effective Decem	hange(s) here: (Attach additional sheets, if nece	issary.)
Dated	Signature of a rice	mber or authorized representative of a member	
	Ted Mackin	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00