

Ld 000027050

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(City/State/Zip/Phone #)

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EXAMINER



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000188149390  
11/30/10--01032--003 \*\*60.00

FILED  
10 NOV 30 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE PROS, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**JACK D HENRY**

Name of Person

**THE PROS, LLC**

Firm/Company

**5314 LEMON STREET**

Address

**NEW PORT RICHEY, FL 34652**

City/State and Zip Code

**jdhenry.architect@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JACK D HENRY**

Name of Person

at ( 727 )

**267-7851**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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)

**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**

**THE PROS, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 14, 2006 and assigned Florida document number L06000027050.

This amendment is submitted to amend the following:

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

**THE PRO'S, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

8260 VICO COURT, UNIT A

SARASOTA, FL 34240

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

JACK D HENRY

New Registered Office Address:

5314 LEMON STREET

*Enter Florida street address*

NEW PORT RICHEY

, Florida

34652

*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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CALVIN GRAY	4859 OAK POINTE WAY SARASOTA, FL 34233	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JACK D HENRY	5314 LEMON STREET NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MICHAEL MASON	2812 CUTTER COURT WAXSAW, NC 28173	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated NOVEMBER 29, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JACK D HENRY

\_\_\_\_\_  
Typed or printed name of signee