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EXAMINER

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SECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

ŤO:

SUBJECT:	Pro Inve	stments CC, LLC				
	Name of Lin	nited Liability Company	 			
The enclosed A	rticles of Amendment and fee(s) are su	ubmitted for filing.				
Please return all	correspondence concerning this matter	er to the following:				
	Eugenio Las	Eugenio Lascurain / United Mortgage Bankers				
		Name of Person				
	Pr	Pro Investments CC, LLC.				
		Firm/Company				
•	440 Couran	ana Carnarata Barluya	Suite 100			
	440 Sawgra	440 Sawgrass Corporate Parkway, Suite 108 Address				
		Sunrise, FL 33325				
		City/State and Zip Code				
	E mail address	genio@unitedteam.co	om			
			port notification)			
For further info	mation concerning this matter, please	call:				
	Eugenio Lascurain	at (_954_)	660-2262			
	Name of Person	Area Code	& Daytime Telephone Number			
Enclosed is a ch	eck for the following amount:					
\$25.00 Filing		\$55.00 Filing Fee & Certified Copy (additional copy is	Certificate of Status & Certified Copy			
			(additional copy is enclosed			
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	Registration of Division of Clifton Bu	COURIER ADDRESS: on Section of Corporations ailding cutive Center Circle			
	Tallahassee, FL 32314	/00 L EXEC	THI VELL ENTER LITCIE			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Pro Investments	s CC, LLC			
(Name of the Limite	ed Liability Company : (A Florida Limited Liab	is it now appear	rs on our records.)		
	•				
The Articles of Organization for this Limited	Liability Company we	re filed on	06/11/2007	and assigned	
Florida document numberL070000	61307				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liabilit	y company her	<u>.</u> .		
	n/a			•	
The new name must be distinguishable and end w "L.L.C."	with the words "Limited	Liability Compa	my," the designation "L	LC" or the abbreviation	
E.L.C.					
Enter new principal offices address, if applicable: n/a					
(Principal office address MUST BE A STRE	<u>EET ADDRESS)</u>				
	-			 	
Enter new mailing address, if applicable:	<u>r</u>	n/a			
(Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>				
	_				
B. If amending the registered agent and registered agent and/or the new registered		address on o	our records, <u>enter t</u>	ie name of the new	
		•	1	d. .	
Name of New Registered Agent:	n/a				
		<u> </u>		是	
New Registered Office Address:	n/a	Fn	ter Florida street addi	<u> </u>	
			ier i iorida sireel adar		
	<u> </u>	n/a	, Florida	n/aK	
		City		SE ω	
New Registered Agent's Signature, if changing	Registered Agent:		• •	90mO	

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 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 _ Title <u>Name</u> Address **Type of Action MGR** Edgar Espejo 5757 Collins Avenue, Apt. 607 Miami Beach, FL 33140 Remove n/a ☐ Add Remove n/a ☐ Add Remove n/a Remove n/a ∏Add Remove n/a ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) n/a July 20, 2010 : Dated Signature of a member of authorized representative of a member Eugenio Lascurain / United Mortgage Bankers __Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00