## LD7000069270

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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Prosway B	uilding Group, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		William Drohan		
			Name of Person	
		Prosway Building Group	, LLC	
			Firm/Company	
		1 Main Street, Suite 201		
			Address	
		Tequesta, FL 33469		
		Proswaybuilding@aol.com	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For further in	nformation c	oncerning this matter, please ca	all:	
William Dro	han		561 719-3274	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	te following amount:		
■ \$25.00 F	iling 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:

TO:

**Registration Section** 

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

Prosway Building Group, LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L07000069270	Company were filed on 7/3/2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDE	PECCO 23 M
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	FILORIDA 57
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the names of the name
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 as provided for in Chapter 605, 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.

JFChanging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Richard Mullen	1 Main Street, Ste 201, Tequest:	Add
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	7/16/18
	Signature of a member or authorized representative of a member
	Signature of a memoer of authorized representative of a member
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Filing Fee: \$25.00