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SCORETARY OF STATE
ALLAHASSEE, FLORIDA

APR 1 9 2016

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COVER LETTER . . .

TO: Registration Se Division of Cor			
SUBJECT: PRO	Name of Lim	195 GROUP, L	<u> </u>
	Name of Emil	ned Elaomey Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BEN J. T	RodRiG4€Z Name of Person	
		Name of Person	
	PROVERLS	Holdings GR	oup. LLC
		Firm/Company	
	9310 SUN	SET DRIVE Address	
		Address	
	TAMPA, F	- 2 . 33610 City/State and Zip Code	
	I nFo & PROVER E-mail address: (Los Holdings GRO to be used for future annual repo	rt notification)
For further information of	concerning this matter, please ca	all:	
BEN J.	Rudriguez of Person	at (813) 31	74-9197
Name o	of Person	Area Code D	Paytime Telephone Number
Enclosed is a check for t	he following amount:		
•	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROVERES Holding	5 (-RO4	P, LLC			
(<u>Name of the Limited 1</u> (A F	liability Compar Florida Limited L	y as it now appears on iability Company)	our records.)		
The Articles of Organization for this Limited Liabil		were filed on 7-	16-07	and assigned	
Florida document number <u>L07000</u> 73.	226				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabi	lity company here:			
The new name must be distinguishable and contain the words	"Limited Liabili	ity Company," the design	ation "LLC" or the a	obreviation "L.L.C."	
Enter new principal offices address, if applicable	e:	93105	unset I	DRIVE	
(Principal office address MUST BE A STREET A	(DDRESS)	TAMPA	, FL · 3	3610	
Enter new mailing address, if applicable:		9310 Su	nset De	Live	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	9310 Sunset Drive TAMPA, FL. 33410			
B. If amending the registered agent and/or registered agent and/or the new registered office			r records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	·				
New Registered Office Address:	9310	SUNSET . Enter Florida s	DRIVE treet address		
-		City	, гюгия 🛩	7 3 3 4 1 0 Zip Code	
New Registered Agent's Signature, if changing Regi	istered Agent:				
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this change in the register than the regis	and complete red agent as p istered office inge.	performance of my provided for in Chap	duties, and I am oter 605, F.S. Or onfirm that the li	familiar with and , if this document is mited liability	
	II Chan	iging Registered Agent,	T T	U T	
	Page 1	l of 3	STAT LORI		

, If amendin or removed	g Authorized Person(s) I from our records:	authorized to manage,	enter the title, name, and address of eacl	h person being added
MGR = M AMBR = A	lanager Authorized Member			
<u>Title</u>	<u>Name</u>	Ad	dress	Type of Action
MGR	Justin Alle	EN ROJRIGUEL	9314 SUNSET DRIVE	TPA,FL 33610
				☐ Remove
				Change
				Add
		_		Remove
		_		Change
				Add
				Remove
				Change
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			FLOR	- Change

							
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Effective	e date, if other th	an the date of fili	ng:		(o	otional)	
Note: If	tive date is listed, the date inserted in	date must be specific and this block does not not the Department of	nd cannot be prior meet the applic	able statutory fili	nore than 90 days a	fter filing.) Pr	ursuant to 605.024 Il not be listed a
		elayed effective ne record is filed		t an effective	time, at 12:0	1 a.m. on	the earlier
	april	1 13	, 201	<u>V</u> .		- 3 <u>1</u>	231
Dated	• ^		•			유유	AR
Dated	//	$\Delta \cdot \mathcal{L}$				>:	30
Dated	Ben	Signature of	a member or auth	orized representativ	re of a member	ASSE ASSE	8

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Filing Fee: \$25.00