

LD70000860606

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

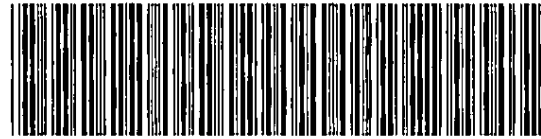
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

NC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRO RESOURCE SOLUTIONS, 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:

Fred Hochshtein

Name of Person

Hochshtein & Harrison-Jolly, P.A.

Firm/Company

3475 Sheridan Street-Suite 209

Address

Hollywood, Florida 33021

City/State and Zip Code

ajaye@aol.com

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

For further information concerning this matter, please call:

Fred Hochshtein

954

925-0833

at (_____) _____

Name of Person

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

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SECRETARY OF STATE
TALLAHASSEE, FL

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 1 2018

November 1, 2018



Signature of a member or authorized representative of a member

Marc Wexler

Typed or printed name of signee

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
PRO RESOURCE SOLUTIONS, LLC**

WHEREAS on August 22, 2007, Articles of Organization were filed and assigned document number L07000086066; and

WHEREAS the member wishes to amend the Articles of Organization.

NOW THEREFORE Article 1 of the Articles of Incorporation of PRO RESOURCE SOLUTIONS, LLC, a Florida limited liability corporation is hereby amended to read as follows:

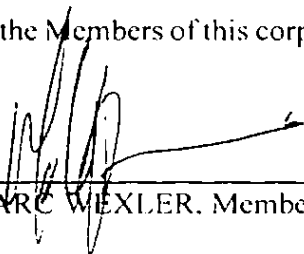
ARTICLE I

The name of this corporation shall be:

WEX CONSULTING, LLC

The address of the principal office of this corporation and the mailing address of the corporation will be the same.

The foregoing amendment was adopted by all of the Members of this corporation on the 1st day of November, 2018.



MARC WEXLER, Member

STATE OF FLORIDA }
 } SS
COUNTY OF BROWARD }

BEFORE ME, the undersigned authority, the foregoing instrument, personally appeared MARC WEXLER who is personally known to me OR who did produce _____ as identification and who did take an oath, this 1st day of November, 2018.

My Commission Expires:



NOTARY PUBLIC

