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EXAMMER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TPRO PRODUCTS, 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:	
Gilberto E. Sanchez, Esa Name of Person	
Sanchez Law Offices, P.A. Firm/Company	•
114 S. Fremant due	
Tampa, Fl 33606 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	and the second
For further information concerning this matter, please call:	2009 D
Gilberto E. Sanchez, ESO at (813) 254.1777 Name of Person Area Code & Daytime Telephone Number	DEC 21 AM
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	e of Status &

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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	29712 US HOW 19 North unit 43	
(Principal office address MUST BE A STREET ADDRESS)	29712 US Huy 19 North unit 43 Clearwater, Florida 33761	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	29712 US Huy 19 HB HBUNITA31 Clearwoter, Florida 337761	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zin 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 **Type of Action Title Address** <u>Name</u> Joe COOK Remove ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00