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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
TALL ARASSES, FLORID

T. CLINE
NOV 3 0 2009
EXAMINER

## **COVER LETTER**

	on of Corporations		
SUBJECT: 1	Proelite Marketi Name of Lim	ry and Sales lited Liability Company	· · ·
The enclosed A	rticles of Amendment and fee(s) are su	bmitted for filing.	
Please return al	l correspondence concerning this matte	er to the following:	
	- John Prochi	Name of Person	Sales
	5341 FA	. ,	
	Sanford	FI 3271 City/State and Zip Code	2009 NOV 25 SECRETARY TALLAHASS
	E-mail address:	to be used for future annual report notification	OV 25 AN I
For further info	rmation concerning this matter, please		FE STATE OF STATE
John	Name of Person	at (407) 688 - 095 Area Code & Daytime Tele	
Enclosed is a ch	neck for the following amount:		
\$25.00 Filin	g Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 A Registration Section Division of Corporation Clifton Building 2661 Executive Center	s

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Ziį	o Code	
_		, Florida		
New Registered Office Address:	Enter Florida street address			
<del></del>				
Name of New Registered Agent:	•			
The state of the s	SOURCE WIND BEINE WO			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the na	ame of th	e new
		a D		
		r	_, ç	4 mg -
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	in c		, , i
Enter new mailing address, if applicable:		ASS	125	ly Sections
		Ήţ	F 10	01-42-21 M
			E 55	
(Principal office address MUST BE A STREET A	<del></del>		Pa 2	
Enter new principal offices address, if applicable	p.•			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	any," the designation "LLC" (	or the abbre	viation
A. If amending name, <u>enter the new name of the</u>	e limited hability company ne	<u>re</u> :		
		wo.		
This amendment is submitted to amend the following	ng:			
Florida document number LOSOCO40	<u> </u>			
The Articles of Organization for this Limited Liabil		CPN 121, 2008 a	nd assigne	d
(Name of the Limited Lia (A Flo	bility Company as it now appearida Limited Liability Company)	rs on our records.)		
(Name of the Limited Lia (A Flo	bility Company as it now appearida Limited Liability Company)	ors on our records.)		

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 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** Name **Address Type of Action** SERilynne Church MGRM Remove ☐ Add Remove Remove  $\prod Add$ Remove ∏Ãdd Remove <u>∏</u>Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Jovenber 23, 2009 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00