(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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12/22/17--01027--031 **60.00

S. WARREN DEC 2 6 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pro CLOSET DESIGNS 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:
Bobbi Vezina Name of Person
Pro Closet Designs LLC
1921 SW 15th avenue
Corporate proclosed designs. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rame of Person at (352) 694-9900 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c

MAILING ADDRESS:

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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 Con	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing L09000/3591.	any were filed on <u>2/10/2009</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	turing LLC
Enter new principal offices address, if applicable:	1921 SW 15th ave
(Principal office address MUST BE A STREET ADDRESS)	0000
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1921 Sw 15th ave Ocala, Fl 34471
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> nere:
Name of New Registered Agent:	
New Registered Office Address: 351	SW 63rd Street Rd. Craila FL 34471 Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Age	·
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	gree to act in this capacity. I further agree to comply with the ete performance of my duties, and I am familial with and as provided for in Chapter 605, F.S. Or, if this document is

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action _□ Add ☐ Remove _ Change _ 🗆 Add ☐ Remove _ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add Remove D Change _**□,**•\dd ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days affore: If the date inserted in this block does not meet the applicable statutory filing requirements, to ocument's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01. The 90th day after the record is filed.	his date will not be listed a
The 3oth day after the record is filed.	
December 20. 2017.	17 0
	FILED 17 DEC 22 PM FALL CASSELLE

Filing Fee: \$25.00