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(City/State/Zip/Phone #)	
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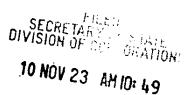
Registration Section

P.O. Box 6327 Taliahassee, FL 32314

Division of C	orporations				
SUBJECT:	PROGRESS IMPO	RTS AND EXPOR	RTS,LLC		
Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
	 	HENRY COMPANION	II		
		Name of Person			
	PROGRESS	S IMPORTS AND EXP	PORTS,LLC		
		Firm/Company			
		8782 SW 12 ST # 207			
		Address			
	N	MAMI, FLORIDA 3317 City/State and Zip Code	4		
		City/State and Zip Code			
	E-mail address:	(to be used for future annual rep	port notification)		
For further information	concerning this matter, please	call:			
	RY COMPANIONI	at (786)	308 8689		
Name	of Person	Area Code &	2 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 e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	LING ADDRESS: stration Section	STREET/O Registratio	COURIER ADDRESS:		
Division of Corporations P.O. Box 6327			Corporations		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PROGRESS IMPORTS AND EXPORTS,LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on	04/22/2009	and assigned
Florida document numberL09000038921			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Enter Florida street address		
		, Florida	
	City		Zip 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Angel Sun Cheaz Pelaez	CALLE TEATRO NACIONAL # 403 EL MILTON,STO, DOMINGO DREP	Add Remove
	···		Add Remove
			Add Remove
			Add Remove
	 		Add Remove
			Add Remove
D. If amend		ge(s) here: (Attach additional sheets, if necessary.) D10	SECRETARY OF SHATIONS DIVISION OF CORPORATIONS TO NOV 23 AM 10: 49
	HEN	r or authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00