L09000049297

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(Cit	y/State/Zip/Phone	; #)		
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THE TARK OF STATE ASSEE, FLORIDA

C. LEWIS
JUN 1 7 2009
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ADA ESTRA	ADA MANAGEMENT LLC	
DOCUMENT NUMBER: L09000049297		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
ADA ESTRADA		
(Name of	Contact Person)	
MAS TAX & ACCOUNTIN	IG SERVICES	
(Firm	/ Company)	
14263 SW 42ND STREET		
(1	Address)	
MIAMI, FL 33175		
(City/ Sta	te and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, p	lease call:	
ADA ESTRADA	at (305) 227-721	0
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	



May 28, 2009

ADA ESTRADA MAS TAX & ACCOUNTING SERVICES 14263 SW 42 STREET MIAMI, FL 33175

SUBJECT: ADA ESTRADA MANAGEMENT LLC

Ref. Number: L09000049297

We have received your document for ADA ESTRADA MANAGEMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 909A00018003

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:	ADA ESTRADA	A MANAGEMENT LL	C		
		ited Liability Company			
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
•					
		Name of Person			
	MAS TAX & ACCOUNTING SERVICES				
		Firm/Company			
	14263 SW 42ND STREET				
		Address			
		MIAMI, FL 33175			
	ΜΑΣΤΑΥΑ	City/State and Zip Code CCOUNTING@YAHOO	A COM		
		to be used for future annual report n			
For further information cond	cerning this matter, please c	eall:			
ADA I	ESTRADA	at (_305)	227-7210		
Name of Pe	·		ytime Telephone Number		
Enclosed is a check for the f	following amount:				
\$25.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Registration of Division of P.O. Box (f Corporations	STREET/COU Registration Se Division of Con Clifton Buildin, 2661 Executive	rporations g		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 JUN 15 PM 1:48

SECRETARY OF STATE TACE AHASSEE, FLORIDA ADA ESTRADA MANAGEMENT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 5/20/2009 The Articles of Organization for this Limited Liability Company were filed on __ and assigned L09000049297 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PRO ADVERTISING MANAGEMENT LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Add Remove
			Add Remove
			Add Remove
		**	Add Remove
			Domosio
D. If amend	ding any other information	, enter change(s) here: (Attach additional s	sheets, if necessary.)
			TAKE CREE
Dated	JUNE 1		TARY OF ASSEE, F
	Signatu	re of a member or authorized representative of a ADA ESTRADA Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00