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S. HAWKES

OCT 2 3 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co		·			
SUBJECT:	Scoote	r Pro America			
SUBJECT:		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	bmitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Bradley B Elliott Name of Person				
	;	Scooter Pro America			
	Firm/Company				
	1011 SW 10th St. Address				
	Oke	eechobee Florida 34974			
	brae	City/State and Zip Code delliott50@hotmail.com			
For further information	E-mail address: (concerning this matter, please of	to be used for future annual report notifica call:	tion)		
	Brad Elliott	<u> </u>	32-9355		
Name	of Person	Area Code & Daytime 1	elephone 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 enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIED Registration Section Division of Corporati Clifton Building 2661 Executive Cent	ions		
Tallahassee, FL 32314		2661 Executive Cent Tallahassee, FL 3230			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Pro America LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appea	rs on our records.)	
(Tribita Si	mica Blacking Company)		
The Articles of Organization for this Limited Liability Cor	mpany were filed on	09/16/2009	and assigned
Florida document number L090008927			
Florida document number	247		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company he	<u>re</u> :	
			181 8
The new name must be distinguishable and end with the words	s "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
"L.L.C."			福名厂
Enter new principal offices address, if applicable:		······································	99.2 m
(Principal office address MUST BE A STREET ADDRE	<u> </u>		<u> </u>
			95 0
		•	0,7
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or register		our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	En	nter Florida street add	tress
		, 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 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 Ronald B. Elliott 1011 SW 10th Ave	MGRM = Ma	anaging Member		
Okeechobee, FI Remove Add Remove Add Remove	<u>Title</u>	<u>Name</u>	Address	Type of Action
Add Remove	MGRM	Ronald B. Elliott	Okeechobee, Fl	Add Remove
Add Remove Add Remove Add Remove Add Remove Add Remove Add Add Remove Add Add Remove				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		 		
3: 03 EXECUTE 1	D. If amendi	ng any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	FIL Remove 9 OCT 22
				3: 03
Dated	Dated	Signature of a member	or authorized representative of a member	
Ronald B. Elliott Typed or printed name of signee	-			Mark-validar av va

Page 2 of 2

Filing Fee: \$25.00