

L09000093310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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EXAMINER

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2010 SEP - 3 PM 4: 37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2010

JOHN E. SILK  
28739 XENON WAY  
BONITA SPRINGS, FL 34135

SUBJECT: THE PROFESSIONAL GROUP OF FLORIDA, LLC  
Ref. Number: L09000093310

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

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

Please return 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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 810A00019387

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Professional Group of Florida, 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:

John E. Silk  
Name of Person

the Professional Group of Florida, LLC  
Firm/Company

28739 XENON Way  
Address

Bonita Springs FL 34135  
City/State and Zip Code

jsinaples@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John E. Silk at (239) 593-5023  
Name of Person Area Code & 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 enclosed)      ☐ \$60.00 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 ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**JOHN E. SILK  
28739 XENON WAY  
BONITA SPRINGS, FL 34135**

**239-450-5904**

**August 9, 2010**

**Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314**

**RE: Document Number L09000093310  
FEI/EIN Number 271014649  
The Professional Group of Florida, LLC**

**Dear Sir:**

**Please make the following corrections to the above corporation:**

**Registered Agent Name and Address:**

**Silk, John E.  
28739 Xenon Way  
Bonita Springs, FL 34135**

**Manager/Member Detail:**


**Title MGRM:**

**Silk, John E.  
28739 Xenon Way  
Bonita Springs, FL 34135**

**Title MGR.**

**Luthy, Kenneth A.  
509 Shelia Lane  
Hawk Cove, TX 75474**

**Thank you very much.**

  
**John E. Silk**

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

The Professional Group of Florida, 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 Company were filed on 9-28-2009 and assigned

Florida document number 409000093310

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

28739 XENON way  
Bonita Springs FL  
34135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

28739 XENON way  
Bonita Springs FL  
34135

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:

28739 XENON way  
*Enter Florida street address*  
Bonita Springs, Florida 34135  
*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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	John E. Silk	28739 XELDON WAY BONITA SPRINGS, FL 34135	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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CLERK

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 8/23, 2010

John E. Silk  
Signature of a member or authorized representative of a member  
John E. Silk  
Typed or printed name of signee