

LO9000097318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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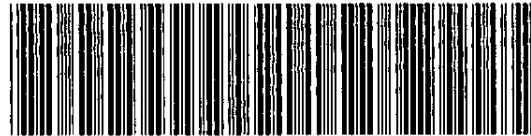
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 21 PM 1:50

T. HAMPTON
MAY 24 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Profuturo 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:

Yira I. Diaz-Arnheiter

Name of Person

Profuturo LLC

Firm/Company

11900 Biscayne Blvd., Suite 301

Address

North Miami, Florida 33181

City/State and Zip Code

ydiaz@preveer.us.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yira I. Diaz-Arnheiter

Name of Person

at (305)

895-7646

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Profuturo 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 10/8/09 and assigned
Florida document number 409000097318.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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: Saul B. Lipson

New Registered Office Address: 1515 University Drive, Suite 222

Enter Florida street address

Coral Springs

City

Florida

33071

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	Juan Carlos Bravo	11900 Biscayne Blvd., Suite 301 North Miami, Florida 33181	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Sonia B. Azcarate	11900 Biscayne Blvd., Suite 301 North Miami, Florida 33181	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Innovation Business LLC	11900 Biscayne Blvd., Suite 301 North Miami, Florida 33181	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sara I. Ospina	11900 Biscayne Blvd., Suite 301 North Miami, Florida 33181	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Elsa V. Ospina	11900 Biscayne Blvd., Suite 301 North Miami, Florida 33181	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	E. Ospina Family Limited P _a	11900 Biscayne Blvd., Suite 301 North Miami, Florida 33181	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

MGRM - Manuela Londoño, 11900 Biscayne Blvd., Suite 301 (add)

North Miami, Florida 33181

MGRM - Jorge E. Ospina, 11900 Biscayne Blvd., Suite 301 (add)

North Miami, Florida 33181

Dated

May 5th

2010

Elsa V. Ospina

Signature of a member or authorized representative of a member

Elsa V. Ospina

Typed or printed name of signee

10 MAY 21 PM 1:50

SECRETARY OF STATE
DIVISION OF CORPORATIONS