

L10000127849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

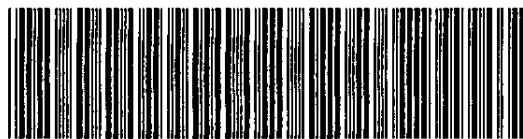
Special Instructions to Filing Officer:

A. LUNT

DEC 16 2011

EXAMINER

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12/15/11--01022--004 **25.00

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2011 DEC 15 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Professionals Group 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:

Nerline Horace
Name of Person

Firm/Company

2474 SW Dutara Ave
Address

Port St. Lucie FL 34953
City/State and Zip Code

Dophynet @ Gmail . Com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Francois Etienne at (866) 601-1002
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

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

The Professionals Group 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 12/14/2010 and assigned
Florida document number 210000127849

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

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:

Nerline Horace

New Registered Office Address:

2474 SW Datura Ave

Enter Florida street address

Port Saint Lucie

City

Florida 34953

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.

Nerline Horace
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

Title	Name	Address	Type of Action
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MGRM	John V. Etienne	112 Woodlands Rd Palm Springs FL 33461	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGRM	Nerline Horace	2474 SW Datura Ave Port Saint Lucie FL 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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FLORIDA
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Dated _____

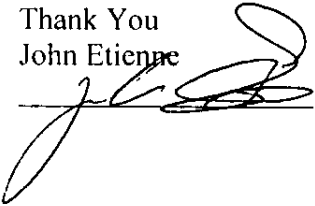

Signature of a member or authorized representative of a member

Nerline Horace
Typed or printed name of signee

The Professionals Group LLC.
112 W00lans Road
Palm Springs Fl. 33461

I John Etienne is currently the registered agent and manager for The Professionals Group LLC. I am writing you to ask that you take my name off as registered agent and also as manager for The Professionals Group LLC.

Thank You
John Etienne

A handwritten signature in black ink, appearing to be 'John Etienne', written over a horizontal line.

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