

L110000010684 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

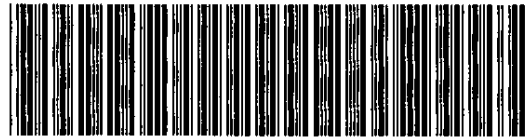
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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B. BOSTICK

AUG - 9 2012

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROINTRANS, 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:

Carolina Davila

Name of Person

Garrigues LLP

Firm/Company

780 Third Avenue, 35th Floor,

Address

New York, NY 10017

City/State and Zip Code

carolina.davila.rothman@garrigues.com

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

For further information concerning this matter, please call:

Carolina Davila

Name of Person

at ( 212 )

7519233

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

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

12 AUG -9 PM 12:53

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PROINTRANS, 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 01/25/2011 and assigned

Florida document number L11000010684

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)

13800 Coppermine Road,

Office 346

Herndon, Virginia 20171

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13800 Coppermine Road,

Office 346

Herndon, Virginia 20171

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

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 = Managing Member

Title	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

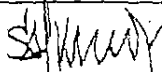
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12 AUG - 3 PM 12:59  
TALLAHASSEE, FLORIDA

Dated August 1, 2012



Signature of a member or authorized representative of a member

Sagrario Fernández Barbe (Attorney In Fact)

Typed or printed name of signee

Representative of  
the Member