## L11000014154

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## **COVER LETTER**

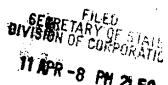
Division of Corporations
SUBJECT: PRO AUCTIONS SERVICES UC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
GENS ECKLES  Name of Person
PRO PUESTIONS SERVICES UC Firm/Company
13337 FALCON PT DR Address
ORLANDS FL 32837 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SENSE ECKLES at (407) 247 - 4811  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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



PRO AUCTIONS SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)	
(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 a	nd assigned
Florida document number <u>L110000 14154</u> .	

Florida document numberL110000 141	<u> </u>
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbrev
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET.	ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	DX)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the e address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 wit the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document 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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PISA FINANCIAL SERVICE,	923 SAWMILL RIVER RD # 272 PROSLEY NY 10502	Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove 
			Add Remove
D. If amendi	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	<del>-</del>
 	3-31-11 , 201		SEGRETARY OF STATE OF
		Fauthorized representative of a member	
	Typed or	FIGURES  rinted name of signee	
		D 4 64	

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Filing Fee: \$25.00