## 111000014154

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EXAMINER



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## **COVER LETTER**

Division of Co			
SUBJECT:	Pro Auctio	ons Services LLC	
***************************************	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	•
Please return all corresp	condence concerning this matter	to the following:	
		Gene Eckles	
		Name of Person	
	Pro	Auctions Services LLC	
		Firm/Company	
	3956	Town Center Blvd # 170	
		Address	
		Orlando, FL 32837	
		City/State and Zip Code	
		geckles@cfl.rr.com o be used for future annual report notifica	
	E-mail address: (t	o be used for future annual report notifica	ation)
For further information	concerning this matter, please c	all:	
	Gene Eckles	at ( 407 ) 2	47-4811
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

Pro Auctio	ns Services LLC			
(Name of the Limited Liability Co (A Florida Lim	ited Liability Company)	s on our records.		
The Articles of Organization for this Limited Liability Com-	pany were filed on	02/02/11	and assigned	
Florida document number L11000014154				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here	<b>;</b>		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compar	ny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		y-i	
Enter new mailing address, if applicable:	<del>- "</del>	, i	ကို မြောင်း ကို မြောင်း ကို မြောင်း	
(Mailing address MAY BE A POST OFFICE BOX)				
		٢ <u>•</u>		
		Ťů,	<b>3</b> 37	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ur records, <u>enter</u>	the name of the nev	
registered agent and/or the new registered office address	s nere:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
Page Age and A	, 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 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>	Address	Type of Action
MGR_	ECK Holdings LLC	3956 Town Center Blvd # 170 Orlando, Fl 32837	Add 
			✓ Add ☐ Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
			<del></del>
			_ _
Dated	,		_
_	Sygnature of a member or	authorized representative of a member	
_		printed name of signee	

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Filing Fee: \$25.00