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| (Re                                     | equestor's Name)   |                 |  |  |
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| (Cit                                    | ty/State/Zip/Phone | <del>,</del> #) |  |  |
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SECRETARY OF STATE ON SECRETARY OF CORPORATIONS ON 12 45

C. LEWIS

SEP 1 8 2012

EXAMINER

# **COVER LETTER**

| TO: Registrat        | ion Section • • • • • • • • • • • • • • • • • • •  |
|----------------------|--|
| SUBJECT:             | PRO SERVICE GROUP L.L.C.   |
| SUBJECT:             | Name of Limited Liability Company  |
| The enclosed Artic   | eles of Amendment and fee(s) are submitted for filing.   |
| Please return all co | orrespondence concerning this matter to the following:   |
|                      | VLIO AMOEDO  Name of Person  |
|                      | Name of Person   |
|                      | PRO SERVICE GROUP ILC.   |
|                      | Firm/Company   |
|                      | Pro SERVICE GROUP 2LC. Firm/Company  4291 S.W. 143 AVENUE  Address   |
|                      | Address  |
|                      | MIRAMAR, FLUNIDA 33027  City/State and Zip Code  JULIO Amo EDO & YAHOO. Com  E-mail address: (to be used for future annual report notification)                                    |
|                      | City/State and Zip Code  |
|                      | JULIO AMO EDO & YAHOO. COM  Firmall address: (to be used for future annual report notification)  |
| D C ' . C            | $\cdot$  |
| ,                    | ation concerning this matter, please call:   |
| JULIO                | Amo 6DD at (786) 2-77-09/8 Name of Person Area Code & Daytime Telephone Number   |
| 1                    | Name of Person Area Code & Daytime Telephone Number  |
| Enclosed is a chec   | k for the following amount:  |
| \$25.00 Filing F     | Tec \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

SECRETARY OF STATE DIVISION OF CORPORATIONS

2012 SEP 17 PM 1: 45

| Pro Service Gr  | roup LLC   |  |                                       |
|---|--|--|---------------------------------------|
| (Name of the Limited Lia  | bility Company as it now a prida Limited Liability Compa | opears on our records.)  | <del>-</del>                          |
| The Articles of Organization for this Limited Liabi Florida document number   | •  |  | / and assigned                        |
| This amendment is submitted to amend the following  | ng:  |  |                                       |
| A. If amending name, enter the new name of th   | e limited liability compan                               | y <u>here</u> :  |                                       |
| The new name must be distinguishable and end with the "L.L.C."  Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A |  | Company," the designation of the second of t |                                       |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO   | 429.<br>MIR.   | 1 5.W. 14.<br>AMAR, FL.  | 3 AVENUE<br>33027                     |
| B. If amending the registered agent and/or registered agent and/or the new registered offic   | e address here:  | -  | the name of the new                   |
| Name of New Registered Agent:   | 4291 S.W.  | Amoeso   | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address:  | 4291 S.W.  | 143 AVE Enter Florida street ad  | ldress                                |
|   | MIRAMAA  | Florida  |                                       |
|   | MIR AMAR<br>City   | , riorida _  | Zip Code                              |
| New Registered Agent's Signature, if changing Reg   | istered 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

| <u> itle</u> | <u>Name</u>                            | Address  | Type of Action          |
|--------------|--|--|-------------------------|
| 16R.         | Juio Amorso                            | 4291 S.W. 143 4VE<br>MIRAMAR, FC. 33027                | Add Remove              |
|              |  |  | Add Remove              |
|              |  |  | Add<br>Remove           |
|              | ·                                      |  | Add<br>Remove           |
|              |  |  | Add<br>Remove           |
|              |  |  | Add<br>Remove           |
| ). If amend  | ding any other information, enter chan | nge(s) here: (Attach additional sheets, if necessary.) | _                       |
|              |  |  | SECRETAL<br>DIVISION OF |
|              |  | ·  | T PM J: 45              |
|              | Signature of a memb                    | per or authorized representative of a member           |                         |

Page 2 of 2

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