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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(accounted alone)
(Document Number)
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Special Instructions to Filing Officer:





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JUN 20 2016 S. YOUNG

COVER LETTER

:O '	Registration Sec Division of Corp			
	THELIST.P	RO LLC		
(UBJE)	CI:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are submodence concerning this matter	-	·
		Michelle Martin		
			Name of Person	
		THELIST.PRO LLC		
			Firm/Company	15 Tal.
		253 NE 2ND STREET, #3	802	المين الم
			Address	in its
MIAMI, FL 33132				16 JUN 17 PH 3: 170
		Mishall Quantities and	City/State and Zip Code	
		Michelle@complianceaid.p E-mail address: (ro to be used for future annual report not	
or furt	her information co	oncerning this matter, please ca	all:	
Michel	le Martin		305 772 - 9712	
	Name of	f Person		e Telephone Number
Enclose	d is a check for th	e following amount:		
X \$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)
	Registr	ING ADDRESS: ation Section	STREET/COUR Registration Section	on

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THELIST.PRO LLC	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on August 15. Ilorida document number	and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	* E
	<u> </u>
Inter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	3.
3. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here: Name of New Registered Agent:	records, enter the name of the nev
New Registered Office Address: Enter Florida stree	t address
Emer Fioriau stree	t www eng

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

4GR = Manager MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
√GRM	Jean Morency	253 NE 2ND STREET, #3802.	Add
		Miami, FL 33132	Remove
			☐ Change
			☐ Remove
			Change
			Add
			Change
			Change
			☐ Remove
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ctive date, if other than the	e date of filing:		incomment than 00 d	_ (optional)	o 605 0207
If the date inserted in this temperature on the learning of th	lock does not meet the	e applicable statute			
ecord specifies a delaye e 90th day after the re		but not an effe	ctive time, at 1	2:01 a.m. on the e	arlier of
d June 13	9	016			
J Suite 13	, <u></u>)	sentative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00