

LI 000108917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT☐ MAIL

(Business Entity Name)

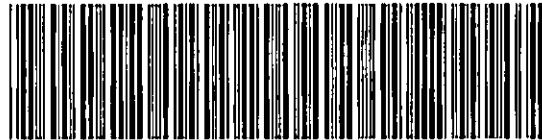
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2023 JAN 31 PM 12:16  
STC: 1005-0106  
1005-0106

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Propacq, 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:

Eva N. Ewen

\_\_\_\_\_  
Name of Person

Propacq, LLC.

\_\_\_\_\_  
Firm/Company

226 Cherokee Rd

\_\_\_\_\_  
Address

Ormond Beach, FL 32174

\_\_\_\_\_  
City/State and Zip Code

eva.ewen@gmail.com

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

For further information concerning this matter, please call:

Eva N. Ewen

407 590-5302

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Propacq, 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 9/23/2011 and assigned  
Florida document number 111000108917

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 contain 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)**

Propacq, L.L.C.

226 Cherokee Rd.

Ormond Beach, FL 32174

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Propacq, LLC.

226 Cherokee Rd.

Ormond Beach, FL 32174

**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:

Morgan A. Ewen

New Registered Office Address:

226 Cherokee Rd.

*Enter Florida street address*

Ormond Beach

Florida 32174

*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 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.*

  
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ewen, Anthony	8121 Lazy Bear Ln	<input type="checkbox"/> Add
		Winter Park, FL 32792	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paiva, Humberto	1068 Lotus Parkway	<input type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STAFF  
2020 JAN 31 PM 2:16  
EVEN, ANTHONY  
PAIVA, HUMBERTO  
REMOVE  
CHANGE  
ADD

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Change name of title manager Paiva, Eva Ewen to Ewen, Eva N.

FILED  
2023 JAN 31 PM 12:16  
CLERK OF SUPERIOR COURT  
STATE OF NEW YORK

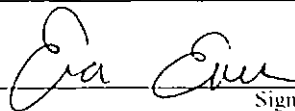
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 20 , 2022



Signature of a member or authorized representative of a member

Eva N. Ewen a.k.a Eva E. Paiva

Typed or printed name of signee

Filing Fee: \$25.00 - already paid  
DOS - 4500453 - 4835443755