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COVER LETTER

TO: . Registration Section

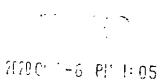
Tallahassee, FL 32314

Division of Corporations PRO CAPITAL MANAGEMENT LLC SUBJECT: 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: Harry D'Metayer Name of Person PRO CAPITAL MANAGEMENT LLC Firm/Company 10898 NW 7th ave Address Miami FLorida 33168 City/State and Zip Code hdmetayer@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Harry D'Metayer Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PRO CAPITAL MANAGEMENT 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 Con	mpany were filed on $\frac{05/08/2}{}$	012 and assigned		
Florida document number L12000062300				
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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered				
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE.	<u></u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our recor	ds, <u>enter the name of the new registered</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	•	Zip Code		
New Registered Agent's Signature, if changing Registered A	<u> Agent:</u>			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen being filed to merely reflect a change in the registered acompany has been notified in writing of this change.	plete performance of my a at as provided for in Chap	hities, and I am familiar with and ter 605, F.S. Or, if this document is		

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>	Address	Type of Action
MGR	Naby Vincent D'Metayer	10898 NW 7th Ave Miami FL 33168	
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Effective date, if other than the If an effective date is listed, the date may be a listed in this bedocument's effective date on the I	block does not i	meet the applic	able statutory fil	more than 90 days a ing requirements.	ptional) ifter filing.) Pursuant this date will not	to 605.0207 be listed as
e record specifies a delayed effecti rd is filed.	ve date, but no	t an effective ti	me, at 12:01 a,m	. on the earlier of	: (b) The 90th da	y after the
Dated		. 2020	_ ·			
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		1000				
	Signature of a	member or autho	rized representativ	e of a member		

Filing Fee: \$25.00