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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: I	Registration S Division of Co	Section rporations			
SUBJEC	r. PRO		ATIONS ENTERPRISE	S L.L.C.	
вовис	··		ted Liability Company		
The enclo	sed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all corresp	ondence concerning this matter	to the following:		
			ILIANA GONZALEZ		
			Name of Person		
PRONTO COMMUNICATIONS ENTERPRISES L.L.C.					
Firm/Company			Firm/Company	<del> </del>	
	4733 SW 1st STREET				
•			Address		
			MIAMI, FL. 33134	<u> </u>	
			City/State and Zip Code		
		PRONTOCO E-mail address: (	OMMUNICATIONS@AOL. to be used for future annual report noti	COM fication)	
For furthe	er information	concerning this matter, please	·		
ILIANA GONZALEZ		NA GONZALEZ	at ( 305 )	608-8984	
Name of Person			Area Code & Daytime Telephone Number		
		the following amount:			
\$25.00	) Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$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		tration Section	STREET/COUR Registration Secti Division of Corpo	on	
		Box 6327	Clifton Building 2661 Executive C Tallahassee, FL 3	enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRONTO COMMUNICATIONS ENTERPRISES L.L.C.

(Name of the Limite	d Liability Company as A Florida Limited Liabil	it now appea ity Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited I Florida document number L1200007	• •	e filed on	06/12/12	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability	company he	<u>re</u> :	
	N/A		-	
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited I	iability Comp	any," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if appli	icable: N	/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:	<u> </u>	/A		
(Mailing address MAY BE A POST OFFICI	<u>E BOX)</u>			<u></u>
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:			our records, enter t	
			, Florida	
	C	ity		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 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

MGRM = Managing Member Type of Action Title Address <u>Name</u> MGR ILIANA GONZALEZ 4733 SW 1st STREET | ✓ Add CORAL GABLES, FL 33134 Remove ☐ Add ☐ Remove Add 🔲 Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 25th 2012 . డ్లు Signature of a member or authorized representative of a member

Page 2 of 2

JUAN C. GONZALEZ
Typed or printed name of signee

Filing Fee: \$25.00