

#L12000088157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

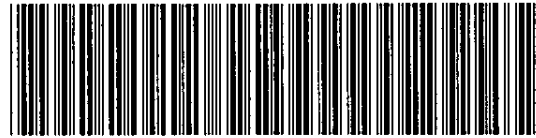
(Business Entity Name)

(Document Number)

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 SEP 15 AM 11:23
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2014 SEP 15 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 16 2014

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-205-8842

PROFIGIKA INVESTMENTS, LLC**L12000088157**

☐ Nonprofit☐ Domestic Corporation☐ Limited Partnership☒ LLC**Amendment**☐ Certified Copy☒ Walk In☐ Mail Out

Name

Availability _____

Document

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

☐ Amendment☐ Dissolution/Withdrawal☐ Reinstatement☐ Annual Report☐ Name Registration☐ Fictitious Name☐ Photocopies☐ Will Wait☐ Merger☐ Mark☐ Other☐ CUS☐ After 4:30☒ Pick Up

Order#:

9276327

Ref#:

Amount: \$

9/15/2014

KM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PROSFIGIKA INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 5, 2012 and assigned
Florida document number L12000088157.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RION ASSOCIATES, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(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 agent and/or the new registered office address here:

Name of New Registered Agent:

n/a

New Registered Office Address:

Enter Florida street address

City, Florida

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.

n/a

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

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TALLAHASSEE, FLORIDA
☐ Remove
☐ Add
☐ Remove

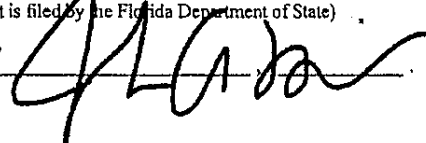
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

n/a

E. Effective date, if other than the date of filing: n/a (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9-12-14



Signature of a member or authorized representative of a member

John A. Moran, Manager

Typed or printed name of signee

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