

L12000120706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

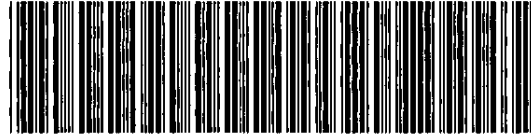
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC - 9 2013
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MOREPRO 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:

RUBEN ZURGA

Name of Person

MIAMI ACCOUNTING & TAX SERVICES LLC

Firm/Company

260 NE 17TH TER SUITE 206

Address

MIAMI, FL 33132

City/State and Zip Code

ruben@miatax.com

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

For further information concerning this matter, please call:

Adrian Gauna

Name of Person

at (**786**) **602-5494**

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

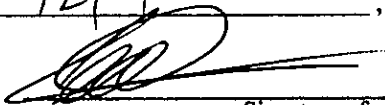
MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|-------------------------|--|
| MGR | ADRIAN GAUNA | 4302 HOLLYWOOD BLVD 122 | <input type="checkbox"/> Add |
| | | HOLLYWOOD, FL 33021 | <input checked="" type="checkbox"/> Remove |
| MGRM | RICARDO CENTENO | 4302 HOLLYWOOD BLVD 122 | <input type="checkbox"/> Add |
| | | HOLLYWOOD FL 33021 | <input checked="" type="checkbox"/> Remove |
| MGR | Horacio Pablo Flores | 114 Atlantic Ave | <input checked="" type="checkbox"/> Add |
| | | Hallandae FL 33009 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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

Dated 12/4, 2013.



Signature of a member or authorized representative of a member

RICARDO CENTENO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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