L12000124827

(Re	questor's Name)	.
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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T. HAMPTON

COVER LETTER

TO:

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Registration Section **Division of Corporations**

PRO NOTEBOOK SERVICES 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:

JESSICA GUZMAN SOTO

Name of Person

Firm/Company

190 Lakeview Drive #102

Address

Weston, FL 33326

City/State and Zip Code

jessicaumuc@gmail.com

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

For further information concerning this matter, please call:

JESSICA GUZMAN SOTO

Name of Person

at (954) 305-0546

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED SEGRETARY OF STATE DIVERSION OF CORPORATIONS

12 DEC 20 PH 2: 54

/Name of the Limited Link		OUT records)
(A Florid	lity Company as it now appears on da Limited Liability Company)	dut records.
The Articles of Organization for this Limited Liability Florida document number L12000124827	y Company were filed on <u>09/28/</u>	2012 and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		records, enter the name of the new
registered agent analyst the new registered office at	udi ess nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
		, Florida
	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 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

<u>Title</u> MGRM	Name Provent E Silve	Address 1027 SW 144 Avenue	Type of Action
	Brayant E. Silva	1021 SVV 144 Avenue	Add
		Pembroke Pines, FL 33027	Remove
MGRM	Omar Limon	4775 Collins Avenue	Add
		#3504	_ [▼] Add
			Remove
		Miami Beach, FL 33140	_
			Remove
			-
			Add
			Remove
			12 DEC
			المالية
			Remove.
			F 🕏
			Add
			Remove

If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
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_	
ed	December 17, 2012.
	Shows -
	Signature of a member or authorized representative of a member
	JESSICA GUZMÅN SOTO
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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