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COVER LETTER

	ration Section of Corpor			•	
	PRO MA	NAGEMENT PROPERT	Y ENTERPRISES LLC		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Ar	rticles of Am	endment and fee(s) are sub	mitted for filing.		
Please return all	corresponde	nce concerning this matter	to the following:		
			JOSE I DAVALOS		
			Name of Person		
		PRO MANAGEMEN	T PROPERTY ENTERPRISE	S LLC	
	Firm/Company				
		10641	AVIATION BLVD BLDG A		
			Address		
		N	1ARATHON, FL 33050		
			City/State and Zip Code	· · ·	
	_	PRONTO E-mail address: (CONSULTING@GMAIL.COM to be used for future annual report	M notification)	
For further infor	rmation conc	erning this matter, please ca	all:		
JOS	E I DAVAL	OS	305 2	89-2225	
Name of Person			Area Code Da	ytime Telephone Number	
Enclosed is a ch	eck for the fo	ollowing amount:			
⊠ \$25.00 Filin	ıg Fee [S30.00 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:	STREET/CO	URIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRO MANAGEMENT PROPERTY ENTERPRISES LLC			
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company were filed on	and assigned		
Florida document number 46-1276155			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company he	ere:		
The new name must be distinguishable and contain the words "Limited Liability Company," the d	ovignation "I I C" out	haddanini ay 1 C	
the new name must be distinguishable and contain the words. Thinned Liability Company, the d	esignation LLC ort	ne appreviation "L.1C,	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		019	
		Si Ti	
		23	
Enter new mailing address, if applicable:		30 g	
(Mailing address MAY BE A POST OFFICE BOX)			
Anning address farti tot it tot tot tot tot		<u> </u>	
			
B. If amending the registered agent and/or registered office address on	our records, <u>en</u>	iter the name of the new	
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
· · · · · · · · · · · · · · ·	ida street address		
	. Florida	a	
	, r ioriu:	d	

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.

City

Zip Code

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

Title	Name	Address	Type of Action
AMBR	RUPERTO DAVALOS	10641 AVIATION BLVD BLDG A MARATHON, FL 33050	■ Add
			□ Remove
			☐ Change
			□ Remove
			Change
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Effective date, if If an effective date is Note: If the date document's effect	listed, the date mu inserted in this b	st be specific and lock does not n	Leannot be prior to neet the applica	o date of filing or r	oore than 90 days and requirements,	ptional) after filing.) Pursuant to this date will not be	605.0207 listed as
ne record spec The 90th day			late, but not	an effective	time, at 12:0	1 a.m. on the ea	rlier of
		/)_	_				
Dated	/	/ .	`	<u> </u>			
		, C	1 0				

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Typed or printed name of signee

Filing Fee: \$25.00