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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations ,					
	AGEMENT PROPERTY ENT	ERPRISES LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JOSE I DAVALOS				
	-	Name of Person			
	PRO MANAGEMENT PE	OPERTY ENTERPRISES LLC			
		Firm/Company			
	10641 AVIATION BLVD	BLDG A			
		Address			
	MARATHON, FLORIDA	33050			
		City/State and Zip Code			
	PRONTOCONSULTING@				
		to be used for future annual report no	tification)		
For further information of	concerning this matter, please co	att:			
JOSE I DAVALOS		305 289-2225 at ()			
Name (of Person	Area Code Daytit	me Telephone Number		
Enclosed is a check for t	he 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)		
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration So	ection		
Division of Corporations		Division of Corporations			
P.O. Box 632 Tallahassee.			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRO MANAGEMENT PROPERTY ENTERPRISES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/29/2012}{1}$ and assigned Florida document number <u>L12000136900</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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.

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	Name	Address	Type of Action
AMBR	RUPERTO DAVALOS	10641 AVIATION BLVD BLDG A	□Add
		MARATHON, FLORIDA 33050	Remove
			Change
			Remove
			Change
		□Add	
		□Remove	
			□ Change
			□ Add
		□Remove	
			Change
			□Add
		□Remove	
		□Change	
			□Add
			□Remove
			□ Change

Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing: [O2/18/2020] [Optional] [Option
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	teb. 14, rozo
	Signature of a member or authorized representative of a member
	JOSE I DAVALOS
	Typed or printed name of signee

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Filing Fee: \$25.00