

# L12000192511

\_\_\_\_\_  
(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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14 AUG 25 AM 11:28  
CLERK OF COURT  
HALL COUNTY, FLORIDA

*LM*

9/15/14

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CPS Energy USA 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:

Alberto Pontonio  
Name of Person

Firm/Company

40 SW 13th St Suite 204  
Address

Miami, FL 33130  
City/State and Zip Code

alberto.pontonio@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto Pontonio at (786) 503 2252  
Name of Person 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

TO  
ARTICLES OF ORGANIZATION  
OF

CPS Energy USA 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 12/5/12 and assigned  
Florida document number ~~L1200015251~~ L1200015251

This amendment is submitted to amend the following:

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

Proprietary Advisors 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:

(Principal office address MUST BE A STREET ADDRESS)

40 SW 13 St  
Suite 204  
Miami, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

40 SW 13 St  
Suite 204  
Miami, FL 33130

**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:

Alberto Pontonio

New Registered Office Address:

40 SW 13 St Suite 204  
Enter Florida street address  
Miami, Florida 33130  
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 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.

Signature of New Registered Agent

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AUG 20 AM 11:28  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	Crithian Dick	405W 139+ suite 204 Miami, FL 33130	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

☐ Add☐ Remove☐ Add☐ Remove☐ Add

 Remove

 **Add**

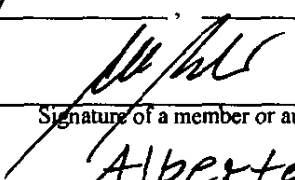
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14 AUG 25 AM 11:28  
ADD REMOVE  
FLORIDA STATE  
UNIVERSITY  
TALLAHASSEE, FLORIDA

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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 8/19/14

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Alberto Pontonio  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
14 AUG 25 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA