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(Requestor's Name) (Address) (Address)	100301228801	
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(Document Number)		
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## **COVER LETTER**

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TO:	: Registration Se Division of Cor			
		nterprises LLC		
SUI	SJECT:	Name of Lim	ited Liability Company	
		Amendment and fec(s) are sub ndence concerning this matter	-	
		Sonya I. Laney		
			Name of Person	
		Sonya L Laney CPA, PA		
			Firm'Company	<u> </u>
		5131 S Ridgewood Ave St	e F	
			Address	
		Port Orange, FL 32127		
		slaney@sonyalaney.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	luation)
For	further information c	oncerning this matter, please ca	ŧll:	
Ai	nanda Prokop		386 423-5259 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enc	losed is a check for th	ne following amount:		
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ax 6327 issee, FL 32314	STREET/COURT Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prokop Enterprises LLC		
( <u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Lunited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L13000007503</u>	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u> The new name must be distinguishable and contain the words "Limit	ed liability company here:	T JU
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LEC" or the a	abbreviation "EL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		r <u>the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida,	Zin Code
	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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage. <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

\_\_\_\_

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
ambr	Leigh Reischmann	2700 Sunset Dr	🖬 Add
		New Smyrna Beach, FL 32168	Remove
			Change
			D Add
			🖸 Remove
			🗆 Change
			□ Add
<u> </u>			FILED
			FILED JUL-13 AHII:01 DESIGN COFF CORE OF AN INCOMP
			Change
			🗆 Add
			Remove
			_ 🖸 Change
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			_□ Change

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

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	July 10 2017	
	6	
	Sumature of a member or authorized representative of a member	
	Amanda Prokop	
	Typed or printed name of signee	_

Filing Fee: \$25.00