

L13000037628

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FEB 24 2016
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INPRO ENTERPRISES 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:

DAVID C. PAGE
Name of Person
INPRO ENTERPRISES LLC.
Firm/Company
PO BOX 3284
Address
DELAND, FL 32721
City/State and Zip Code
INFO@INSULADD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID C. PAGE at (321) 536-1912
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INPRO 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 03/12/2013 and assigned
Florida document number L13000037628.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

A BEAR WAREHOUSE #26

BUSINESS CENTER BLVD

MELBOURNE, FL 32921

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 3284

DELAND, FL 32721

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:

DAVID C. PAGE

New Registered Office Address:

724 LAKE WINNEMISSETT DR.

Enter Florida street address

DELAND

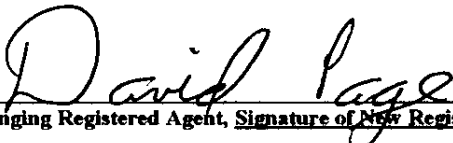
City

Florida 32724

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.


David C. Page
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KAREN H. PAGE	649 WOODBRIDGE DRIVE	<input type="checkbox"/> Add
		MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	KAREN H. PAGE	649 WOODBRIDGE DRIVE	<input type="checkbox"/> Add
		MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	DAVID C. PAGE	PO BOX 3284	<input checked="" type="checkbox"/> Add
		DELAND, FL 32721	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	TAMELA G. LONG	PO BOX 3284	<input checked="" type="checkbox"/> Add
		DELAND, FL 32721	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	JONATHAN RORECH	PO BOX 3284	<input checked="" type="checkbox"/> Add
		DELAND, FL 32721	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: ~~12/28/2015~~ 2/19/16 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 ~~NOVEMBER 2015~~ 2/19/16 2016

David Page

Signature of a member or authorized representative of a member

DAVID C. PAGE

Typed or printed name of signee