

L13000051595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUL -1 2013

A. LUNT

Office Use Only



700248591867

06/11/13--01016--006 **35.00

FILED
2013 JUN 28 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2013

JUAN JOSE ARTEAGA
SPR PROFESSIONAL CARRIER SERVICES
9076 NW 113 ST.
HIALEAH GARDENS, FL 33018

SUBJECT: SPRN PROFESSIONAL SERVICES LLC
Ref. Number: L13000051595

We have received your document for SPRN PROFESSIONAL SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 608, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 813A00015427

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PROFESIONAL CARRIER SERVICES 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:

JUAN JOSE ARTEGA

Name of Person

PROFESSIONAL CARRIER SERVICES LLC

Firm/Company

4548 NW 185 ST

Address

MIAMI GARDENS FL 33055

City/State and Zip Code

JUANJOSEARTEAGA305@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN JOSE ARTEAGA

Name of Person

at (**786**) **3400104**

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

FILED
2013 JUN 28 PM 1:04
TALLAHASSEE, FLORIDA

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

SPRN PROFESSIONAL SERCVIVES INC

(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 APRIL 5, 2013 and assigned Florida document number L13000051595.

This amendment is submitted to amend the following:

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

PROFESSIONAL CARRIER SERVICES 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)

4548 NW 185 ST
MIAMI GARDENS, FL 33055

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4548 NW 185 ST
MIAMI GARDENS, FL 33055

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:

JUAN JOSE ARTEAGA

New Registered Office Address:

4548 NW 185 ST

Enter Florida street address

MIAMI GARDENS

, Florida 33055

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	YLIANA BARRETO	4548 NW 185 ST	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS	<input type="checkbox"/> Remove
		FL 33055	
MGRM	SAHILY JIRON	4548 NW 185 ST	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS	<input type="checkbox"/> Remove
		FL 33055	
MGRM	NATHALY MORGADO	4955 NW 199 ST LOT 373	<input type="checkbox"/> Add
		MIAMI GARDENS	<input checked="" type="checkbox"/> Remove
		FL 33055	
OWNER	JUAN JOSE ARTEAGA	4548 NW 185 ST	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS	<input type="checkbox"/> Remove
		FL 33055	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated JUNE 17, 2013.



Signature of a member or authorized representative of a member

JUAN JOSE ARTEAGA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

COMMISSION OF STATE
TALLAHASSEE, FLORIDA

2013 JUN 28 PM 1:04

FILED