# L13000056865

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CALLANTAGE EL GENTA

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

PRONTO, LLC

**SUBJECT** 

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:

## KEITH W KOEHLER

Name of Person

## **KOEHLER & COMPANY PA**

Firm/Company

# **401 N HOWARD AVENUE**

Address

**TAMPA, FL 33606** 

City/State and Zip Code

#### KOEHLER@CPA-TAMPA.COM

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

For further information concerning this matter, please call:

## KEITH W KOEHLER

ຼ,813ຸ250-1200

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED . 2014 JUN -2 AM 10: 49

STOKETAKT ÖF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)  Clability Company)				
The Articles of Organization for this Limited Liability Company were filed on 04/18/13 and assigned and assigned and assigned and assigned florida document number L13000056865.					
This amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and end with the words "Limited Liab	sility Commany "the designation "LLC" or the abbreviation "LLC"				
Enter new principal offices address, if applicable:	407 N HOWARD AVENUE, #202				
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33606				
Enter new mailing address, if applicable:	407 N HOWARD AVENUE, #202				
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33606				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her					
Name of New Registered Agent:					
New Registered Office Address:					

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

	Manager Authorized Member		
<u>`itle</u>	<u>Name</u>	Address	Type of Action
MGR_	GORDON TROY SIMPSON	407 N HOWARD AVENUE #202	<b>■</b> Add
		TAMPA, FL 33606	Remove
ИGR	KEITH W KOEHLER	401 N HOWARD AVENUE	 <b>:</b> □ Add
		TAMPA, FL 33606	■ Remove
			□ Add □ Remove
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the date this document is filed by the Flori Dated MAY 22	t be prior to date of receipt or filed date and cannot be more than 90 days after rida Department of State)  , 2014  Signature of a member or authorized representative of a member
the date this document is filed by the Flori Dated MAY 22	t be prior to date of receipt or filed date and cannot be more than 90 days after rida Department of State)  2014

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Filing Fee: \$25.00

