

L13000056865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

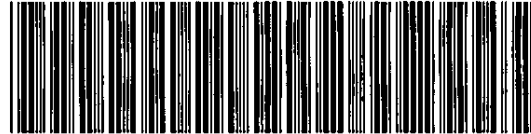
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JUN -2 AM 10:49
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

N. G. G. JUN 2 - 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRONTO, 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:

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

Name of Person

at (813) 250-1200

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

TAMPA, FL 33606

TAMPA, FL 33606

Enter Florida street address

, Florida

City

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

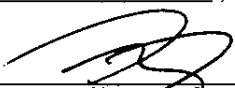
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GORDON TROY SIMPSON	407 N HOWARD AVENUE #202	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33606	<input type="checkbox"/> Remove
MGR	KEITH W KOEHLER	401 N HOWARD AVENUE	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

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 MAY 22, 2014



Signature of a member or authorized representative of a member

GORDON TROY SIMPSON, MANAGER

Typed or printed name of signee

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Filing Fee: \$25.00

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