

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	/)
PICK-UP	☐ WAIT	MAIL
· (Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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B. BOSTICK DEC **! 0** 2013

EXAMINER

TO: Registration Secti Division of Corpo		
SUBJECT:	PROTALENT LLC Name of Limited Liability Company	-
The enclosed Articles of An	mendment and fee(s) are submitted for filing.	
Please return all correspond	lence concerning this matter to the following:	
	WALTER MENDIETA Name of Person PROTALENT LLC Firm/Company 4832 North St. Rd7 Apt. 304 Address CO CO nut CREEK, PL 33073.	_
	City/State and Zip Code	_
	WHENDIETA @ PROTACENT. 612 E-mail address: (to be used for future annual report notification)	- : r
For further information cond	cerning this matter, please call:	Zána Obso TÁLLÁAra
WALTER Name of Po	erson at (954) 806 - 8614 Area Code & Daytime Telephone Number	<u> </u>
Enclosed is a check for the f	following amount: \$\Pi\$\$30.00 \text{ Filing Fee & } \Pi\$\$55.00 \text{ Filing Fee & } \Pi\$\$60.00 \text{ I}\$\$	Filling Fee.
	Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status	cate of Status & ied Copy ional 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 ORGANIZATION OF

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City		, Florida	Zip Code
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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

Of Managing Member being added of femotes from our records.

MGR = Manager •
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MERM	WALTER MENDIETA	4832 Holth St. Rd 7 Apt. 304	Ádd
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ated	12/03/13
	() to the Rife of one
	Signature of a member or authorized representative of a member
	WALTER MENDIETA
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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