## 

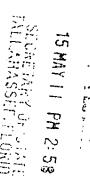
(Re	questor's Name)	
(Ad	dress)	
		-
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(P.)	siness Entity Na	
(Du	siness Entity Nai	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



400271697924

05/11/15--01005--002 \*\*25.00



## **COVER LETTER**

	Registration Se Division of Cor			
SHRIFC	The Pro Ag	ent Group LLC		
SUBJEC			nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		The Pro Agent Group LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following:  W. Keith Courtney  Name of Person  Firm/Company  6049 Pine Valley Drive  Address  Orlando, FL 32819  City/State and Zip Code keith@proagentgroup.com  E-mail address: (to be used for future annual report notification)  iformation concerning this matter, please call: urtney  Name of Person  Daytime Telephone Number		
	Name of Person  Firm/Company  6049 Pine Valley Drive  Address			
			Firm/Company	
		6049 Pine Valley Drive		
			Address	
		Orlando, FL 32819		•
			City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report not	ification)
For further	er information co	oncerning this matter, please co	all:	
W. Keith	Courtney			
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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

The Pro Agent Group LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 1/3/14	and assigned
Florida document number L14000001083		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
William Keith Courtney Sr LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
		The second secon
		- 5 G
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name of the
	<del>-</del>	
Name of New Registered Agent:		To P
New Registered Office Address:	•	2: 5:
	Enter Florida street address	- C
	, Florida	
	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 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.

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>	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
*****			Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			□ Change

•		•		<del></del> .				
·	•							
			<del></del>					
							•	
<del> </del>								
				<del></del> .				
					-			
				<del></del>				
				T				
	<del>-</del>							
					***	<u> </u>		
	·		-			<u></u>	<del>- 5ì</del>	
							E	
				·		5.5		
<del></del>			<del></del>			<u> </u>		<u>;</u>
						<u> </u>	PH	17
ective date, if other tha	n the date of fili	ng:			_ (option	ъ.	$\dot{\wp}$	****
n effective date is listed, the date: If the date inserted in cument's effective date on	this block does not	t meet the applic	cable statutory	or more than 90 of filing requirement	lays after fili	ng.) Púrsi	ugnto 6 lot be l	505.020 isted a
record specifies a de	layed effective e record is filec	date, but no i.	ot an effectiv	ve time, at 1	2:01 a.m	a. on th	ne ear	rlier o
he 90th day after the								
he 90th day after the		2015						
The 90th day after the		2015	·					
The 90th day after the ted $\frac{\text{May }7}{2}$	) Cec	i Den	<u> </u>	ative of a membe				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00