## L14000042337

| (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: |  |  |  |  |  |
|   |  |  |  |  |  |
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## **COVER LETTER**

| TO:             | Registration of                   | a Section<br>Corporations                   |   |  |  |  |  |
|-----------------|-----------------------------------|---|---|--|--|--|--|
| CHID IE         |                                   | PRO BROKERS LLC                             | •   | •  |  |  |  |
| SUBJE           | Name of Limited Liability Company |   |   |  |  |  |  |
|                 |                                   |   |   |  |  |  |  |
| The encl        | losed Article                     | of Amendment and fee(s) are sul             | omitted for filing.   |  |  |  |  |
| Please re       | eturn all cor                     | espondence concerning this matter           | to the following:   |  |  |  |  |
|                 |                                   | FABIAN GONZALEZ                             |   |  |  |  |  |
|                 |                                   | •   | Name of Person  |  |  |  |  |
|                 |                                   | MIAMI PRO BROKERS                           | LLC   |  |  |  |  |
|                 |                                   |   | Firm/Company  | <del></del>  |  |  |  |
|                 | 20200 W DIXIE HWAY SUITE 606      |   |   |  |  |  |  |
|                 |                                   |   | Address   | <del></del>  |  |  |  |
|                 | AVENTURA, FL. 33180               |   |   |  |  |  |  |
|                 |                                   |   | City/State and Zip Code   | <del></del>  |  |  |  |
|                 | FABGONZALEZ@HOTMAIL.COM           |   |   |  |  |  |  |
|                 | i                                 | E-mail address:                             | to be used for future annual report noti                            | fication)  |  |  |  |
| For furth       |                                   | on concerning this matter, please o         | all:  |  |  |  |  |
| FABIA           | i<br>N GONZAL                     |   | 305 722-7346  |  |  |  |  |
| Nr ne of Person |                                   | ne of Person                                | at ()<br>Area Code Daytim   | e Telephone Number   |  |  |  |
| Enclosed        | d is a check                      | or the following amount:                    |   |  |  |  |  |
| <b>■</b> \$25   | .00 Filing Fe                     | ⇒ S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed) |  |  |  |
|                 | Mailing Ad                        | dress:                                      | Street Address:   |  |  |  |  |

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1200 -5 10 7:57

MIAMI PRO BROKERS LLC

(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   | and assigned   |
|---|---|--|
| Florida document number L14000042337  | ·   |  |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the li-  | mited liability company here:   |  |
| The new name must be distinguishable and contain the words "I.  | imited Erability Company," the designation  | "LEC" or the abbreviation "L.E.C."                               |
| Enter new principal offices address, if applicable:   |   |  |
| (Principal office address MUST BE A STREET ADI  | <del></del>   |  |
| Enter new mailing address, if applicable:   |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |  |
| B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:  |   |  |
|   |   | Florida<br>Zip Code  |
|   | •   | Zip Code   |
| New Registered Agent's Signature, if changing Register  | red Agent:  |  |
| I hereby accept the appointment as registered ager<br>provisions of all statutes relative to the proper and<br>accept the obligations of my position as registered<br>being filed to merely reflect a change in the registe<br>company has been notified in writing of this chang | l complete performance of my dution<br>agent as provided for in Chapter (pred office address, I hereby confir | es, and I am familiar with and 605, F.S. Or, if this document is |
|   | If Changing Registered Agent, Signa   | ture of New Registered Agent                                     |

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| AMBR = A     | Authorized Member | $\gamma_{III}$               |                |  |
|--------------|-------------------|------------------------------|----------------|--|
| <u>Title</u> | <u>Name</u>       | Address                      | Type of Action |  |
| MGRM         | DANIEL ESCAPA     | 20200 W DIXIE HWAY SUITE 606 | ■Add           |  |
|              |                   | AVENTURA, FL, 33180          | Remove         |  |
|              |                   |                              | □Change        |  |
|              |                   |                              | □ Add          |  |
|              |                   |                              |                |  |
|              |                   |                              | ☐Change        |  |
| ·            |                   |                              | □Add           |  |
|              |                   |                              | □Remove        |  |
|              |                   |                              | □ Change       |  |
|              |                   |                              | □Add           |  |
|              |                   |                              | □Remove        |  |
|              |                   |                              |                |  |
|              |                   |                              | □ Add          |  |
|              |                   |                              | □Remove        |  |
|              |                   |                              | Change         |  |
|              |                   |                              | □Add           |  |
|              |                   |                              | □Remove        |  |
|              |                   |                              | □Change        |  |

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)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated NOVEMBER 02 Signature of a member of authorized representative of a member FABIAN GONZALEZ

•

Filing Fee: \$25.00

Typed or printed name of signee