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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

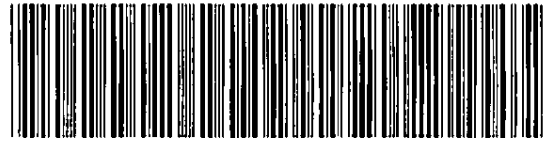
(Business Entity Name)

(Document Number)

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2024-05-28 14:14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROLIM, 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:

ENRIQUE DE LEON TORTOLERO

Name of Person

PROLIM,LLC

Firm/Company

9051 WILDFLOWER LN

Address

KISSIMMEE, FL 34747

City/State and Zip Code

ENRIQUEDELEONT@GMAIL.COM

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

For further information concerning this matter, please call:

ENRIQUE DE LEON

305 967 9479
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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

2007 JUN 23 11:03 AM

PROLIM, LLC

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 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>	<u>Address</u>	<u>Type of Action</u>
MNG	Enrique, ENRIQUE	9051 WILDFLOWER LN, KISSIMMEE FL, 34747	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MNG	Enrique, De Leon Tortolero	9051 Wildflower Ln, Kissimmee, FL 34747	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MNG	Enrique, Blanca	9051 Wildflower Ln, Kissimmee, FL 34747	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MNG	Blanca, Santiago Colmenares		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Enrique, Adryana	9051 Wildflower Ln, Kissimmee, FL 34747	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Adryana, Leon, Santiago	9051 Wildflower Ln, Kissimmee, FL 34747	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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.

Dated May 20, 2024

Enrique DE Leon Tortolero

Filing Fee: \$25.00