## L/400059293

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: Registration Division of C			
PROLIM SUBJECT:	. LLC		
	Name of Lir	nited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are su	binitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
	ENRIQUE DE LEON TO	RTOLERO	
		Name of Person	<del></del>
	PROLIM,LLC		
	<u> </u>	Firm/Company	
	9051 WILDFLOWER LN		
		Address	
	KISSIMMEE, FL 34747		
	<del></del>	City/State and Zip Code	
	ENRIQUEDELEONT@GN	MAIL.COM to be used for future annual report notif	<del></del>
For further information	concerning this matter, please e		ncanon)
ENRIQUE DE LEON		305 967 9479	
Name	of Person	at () Area Code Daytime	e 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 Address: 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

PROLIM, LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 04/10/2014 and assigned
Florida document number L14000059293	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	9051 WildFLower Ln
Principal office address MUST BE A STREET ADDRESS)	Kissimme TL 34747
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 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
MNG	Enrique, ENRIQUE	9051 WILDFLOWER LN, KISSIMMEE FL, 34747	□Add
			\ \exists Remove
			□Change
MNG Enrique, De Leon Tortolero	Enrique, De Leon Tortolero	9051 Wildflower Ln. Kissimmee, FL 34747	<b>=</b> Add
			□Remove
			□ Change
MNG	Enrique, Blanca	9051 Wildflower Ln, Kissimmee, FL 34747	□Add
			\equiv Remove
			□Change
MNG	Blanca, Santiago Colmenares		<b>≣</b> ∧dd
			□Remove
			□Change
AMBR	Enrique, Adryana	9051 Wildflower Ln, Kissimmee, FL 34747	□Add
			Remove
			Change
AMBR	Adryana, Leon, Santiago	9051 Wildflower Ln, Kissimmee, FL 34747	7.5 C 5 ——- ∰ Add
			├>> (□ Remove

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