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COVER LETTER

	gistration Section ision of Corpor			*	\$ 3	. •	?
PROEND LLC							
Name of Limited Liability Company							
The enclosed	Articles of Am	endment and fee(s) are submi	tted for filing.			
Please return	all corresponde	ence concerning thi	s matter to	the following:			
		НЕСТО	R CC	NDE BE	ENG	OECH	HEA
Name of Person							
PROEND LLC							
Firm/Company							
PO BOX 1034							
Address							
ARCHER FL 32618							
City/State and Zip Code							
topflorainc@gmail.com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
ARM	ANDO I	DESIREL	LO	at (352	,49	5-7340)
	Name of Pe	erson		Area Code		Daytime Teleph	
Enclosed is a	a check for the f	ollowing amount:					
■ \$25.00 F	Filing Fee	S30.00 Filing Fe Certificate of S		Certified Copy Certificate of S (additional copy is enclosed) Certified Copy		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAILIN	G ADDRESS:		STR	REET/C	OURIER AI	DDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Plesse disrepsed provious letter this one is sent spain with the \$25 check that wasn't included

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROEND 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 MAY 5TH 2014 and assigned Florida document number L14000072112 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

MGR ARMANDO ENRIQUE DESIRELLO 17302 SW 95 AVE ARCHER FL 32618 Add	Action
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D. It amending any other information, enter change(s) here:	(Attach daditional sneets, if necessary.)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or file the date this document is filed by the Florida Department of State)	(optional) ed date and cannot be more than 90 days after
Dated MAY 27 , 2014	7/1
Signature of a member or author	ized representative of a member
HECTOR CONDE	BENGOECHEA
Typed or printed	name of signee

Page 3 of 3

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