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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SUN OF FLORIDA
TALLAHASSEE, FLORIDA

6/5/14 JUN 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PROEND 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:

HECTOR CONDE BENGOCHEA

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:

ARMANDO DESIRELLO at **352 495-7340**

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Please disregard previous letter
this one is sent again with the
\$25 check that wasn't included

PROEND LLC

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14 JUN -2 AM 6:57
STUN PROBE 173010E
TALLAHASSEE FL FLORIDA

MGR = Manager
AMBR = Authorized Member

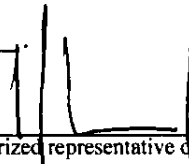
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **MAY 27**, **2014**



Signature of a member or authorized representative of a member

HECTOR CONDE BENGOCHEA

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE
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