

24000141772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

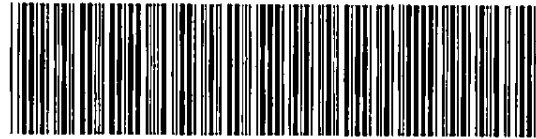
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100321078141

11/26/18--01037--026 **35.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fireman's Progressive Acquisitions 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:

Jose L. Rodriguez
Name of Person

Fireman's Progressive Acquisitions LLC
Firm/Company

14255 SW 38 Terrace
Address

MIAMI, FL 33175
City/State and Zip Code

Cobra7Asma@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose L. Rodriguez at (786) 246-7989
Name of Person Area Code Daytime 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FIREMAN'S PROGRESSIVE ACQUISITIONS 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 9-10-2014 and assigned Florida document number L1400014177.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

Remains the SAME

The new name must be distinguishable and contain 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

A. Florida

City

Zip 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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>
AMBR	Rodriguez, Jose L.	14255 SW 38 Terrace	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rodriguez, Theresa	14255 SW 38 Terrace	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 11-20, 2018.


Signature of the _____

Signature of a member or authorized representative of a member

Jose L. Rodriguez

Typed or printed name of signee

November 17, 2018

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

Reference: FIREMAN'S PROGRESSIVE ACQUISITIONS LLC 47-3486076

Dear Sir/Madam:

I Jose L. Rodriguez and my spouse Theresa Rodriguez were illegally removed from the above LLC. We did not consent to this and it was done behind our back.

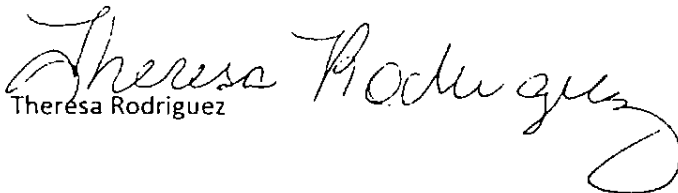
Please add us back as we were originally on this LLC.

In the future please do not remove us unless we provide a signed notarized statement authorizing this change.

Sincerely,

A handwritten signature in cursive script that reads "Jose L. Rodriguez".

Jose L. Rodriguez

A handwritten signature in cursive script that reads "Theresa Rodriguez".

Theresa Rodriguez

FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT
F.S. 695.25

State of Florida

County of MIAMI-DADE

The foregoing instrument was acknowledged before
me this 17 day of NOV. 2018.
Date Month Year

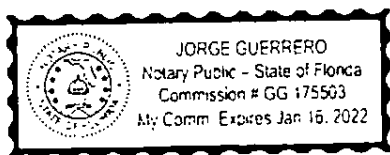
by JOSE L. RODRIGUEZ
Name of Person Acknowledging

who is personally known to me or who has produced

FL DL

Type of Identification

as identification.



Place Notary Seal Stamp Above.

Signature of Notary Public

JORGE GUERRERO
Name of Notary Typed, Printed or Stamped

Notary Public — State of Florida

OPTIONAL

Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: CUSTOMER LETTER - STATE OF FLORIDA

Document Date: 11/17/2018 Number of Pages: 1

Signer(s) Other Than Named Above: THERESA RODRIGUEZ

FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT

F.S. 695.25

State of Florida

County of MIAMI-DADE

The foregoing instrument was acknowledged before

me this 17 day of NOV, 2018
Date Month Year

by THERESA RODRIGUEZ
Name of Person Acknowledging

who is personally known to me or who has produced

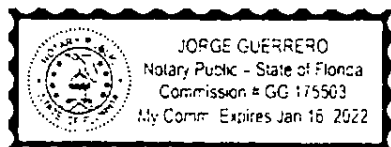
FL DL

Type of Identification

as identification.

Signature of Notary Public

JORGE GUERRERO
Name of Notary Typed, Printed or Stamped



Place Notary Seal Stamp Above

Notary Public — State of Florida

OPTIONAL

Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: CUSTOMER LETTER - STATE OF FLORIDA

Document Date: 11/17/2018 Number of Pages: 1

Signer(s) Other Than Named Above: JASE L RODRIGUEZ