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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
	•	Singaporium Pros IIC
SUBJI	ЕСТ:	Fingerprint Pros LLC Name of Limited Liability Company
		,
The en	closed Articles of Amendment	and fee(s) are submitted for filing.
Please	return all correspondence conc	erning this matter to the following:
	<del></del>	Irina Somerdin Name of Person
		Name of Person
		Firm/Company
		10055 yamato rd Suite 201
		Address
	<del></del>	Boca Raton FL 33498 City/State and Zip Code
		·
		FPProstle @ gmail.com  E-mail address: (to be used for future annual report notification)
For fur	ther information concerning th	
,	Irina Somereli	at (561) 306 - 5050  Area Code Daytime Telephone Number
	Name of Person	Area Code Daytime Telephone Number
Enclos	ed is a check for the following.	amount:
<b>±</b> \$2		Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address:	Street Address:
	Registration Section	Registration Section

Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

24 FEB 13 SIIII: 51 inbility Company as it now appears on our records.)
lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_\_. 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 10055 Yamatord. Suite 201 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: Boca Raton Florida 33498

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.

Stered 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

Title	<u>Name</u>	Address	Type of Action
PICEO	Irina Somerdin	10055 Yamato rd Suite 201	ŒÁdd
		Boca Raton, Fl 33498	□Remove
			□Change
QV_	Jason Jardine	10055 Yamato rd Suite de	ObA⊡
		Boca Radon, Fl 33498	□Remove
			<b>⊻</b> Change
<del></del>			□Add
			□Remove
			□Change
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## Page 2 of 3

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Effective date, if other than the date of filing:	-	
Note: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  The 90th day after the record is filed.  Signature of a member or authorized representative of a member.		
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Significate of a member or a hyborized representative of a member		
Signature of a member or authorized representative of a member	Dated	·
Signature of a member or authorized representative of a member		
		Signature of a member or althorized representative of a member