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2015 APR 29 PN 2: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Prof 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:
Kimberly Wagan Name of Person Prot uc Firm/Company 347 Madeira Cir. Address
St. Peterstare, FL 33715
City/State and Zip Code Kuccon Proto amail. Com Jamail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimberty Wegan Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

FILED 2015 APR 29 PM 2: 55

PROT LLC	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Organization for this Limited Liability Company were filed on	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of the Limited (A	Liability Company as it now appears on our re Florida Limited Liability Company)	ecords.)
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		
This amendment is submitted to amend the follow	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) organization for this Limited Liability Company were filed on	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
e Articles of Organization for this Limited Liability Company were filed on		
Enter new mailing address, if applicable:		
•	<u> </u>	
		··········
		cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	City	, Florida
	C.,,,	esp cour

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 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

Title	Name	Address	Type of Action
Owner)	Kimberlywogan	347 Modeira Cir	Add
	` a	347 Modeira Cir St. Petersburg, FL 33	715 Remove
			Change
			Add
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апсис	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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ective	date, if other than the date of filing: 412415 (optional)	05 (2) (2
ote: lf	ve 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	
cument	's effective date on the Department of State's records.	
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of.
The 9	Oth day after the record is filed.	01.
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ted	<u> </u>	
	" Harthan	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00