

L15000031711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

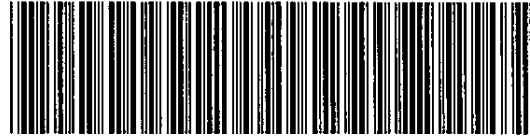
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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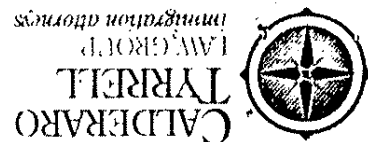


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FILED
2015 JUN 30 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15000031711



June 22, 2015

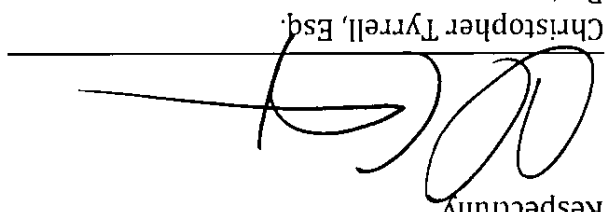
Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: LIBERTY PRO SERVICES, LLC
DOCUMENT NO. L15000031711

We respectfully submit to you the enclosed Articles of Amendment along with a
check in the amount of \$25.00 for filing.

If you have any further questions, please do not hesitate to contact us.

Respectfully



Christopher Tyrrell, Esq.
Partner
The Calderaro Tyrrell Law Group

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIBERTY PRO SERVICES, 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:

SANDRA R. CALDERARO

Name of Person

CALDERARO TYRRELL LAW GROUP

Firm/Company

6301 NW 5TH WAY, SUITE 2000

Address

FT. LAUDERDALE, FL 33309

City/State and Zip Code

rcalderaro@visamiami.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra R. Calderaro

954

376-6161

at ()

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**

FILED
2015 JUN 30 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIBERTY PRO SERVICES, 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 February 19, 2015 and assigned Florida document number L15000031711.

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."

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 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.

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ON ARTICLE V, THE NAME OF THE SECOND AMBR SHOULD READ

JOAO PERREGIL DA SILVA

Please make the change so it reflects the correct spelling of the name, right now it has an "O" missing

2015 JUN 30 AM 8:15
DEPT. OF STATE
ALABAMA

FILED

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 06/22/2015


Signature of a member or authorized representative of a member

DENCI GERARDO PERREGIL FREITES

Typed or printed name of signee