## 115000046811

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## **COVER LETTER**

Registration Section

TO:

Div	ision of Cor	porations			
	ProCalcs, L	LC			
SUBJECT:		Name of Lim	ited Liability Company		<del></del>
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		THOMAS PLATANIA			
			Name of Person		···
		ProCales, LLC			
			Firm/Company		
		1296 OAK LANE DRIVE			•
		<del></del>	Address		<u> </u>
		JENSEN BEACH, FL 349	57		
			City/State and Zip Code		<del></del> ,
		TOM@PROCALCS NET		·····	<del></del>
Don Gurban i	-formation as	E-mail address: ( oncerning this matter, please or	to be used for future annual repo	rt notification)	
ror turuler i	пютнаноп с	oncerning this matter, please ca	aii.		
THOMAS F	PLATANIA		772 882-57	00	
	Name of	f Person	Area Code D	Paytime Telephor	ne Number
Enclosed is	a check for th	ne following amount:			
<b>■ \$2</b> 5.00 I	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)
	niling Addresses		Street Addre Registratio		
	-	orporations	Division of	f Corporation	
	O. Box 632			of Tallahas	
Ta	llahassee, I	L 32314	2415 N. M	onroe Street.	Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ProCales, 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 MARCH 16, 2015 and assigned Florida document number L15000046811 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 "LLC." 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 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>	Type of Action
MGR	JAMES PLATANIA	131 FRANKLIN PLAZA DRIVE	□Add
		SUITE 214	Remove
		FRANKLIN, NC 28734	□Change
			□Remove
			Change
			DAdd
		<del></del>	□Remove
			Change
			□Add ?
			☐ Change
			□ Remove
			Change
			□Add
			□ Remove
			Change

	2797
	72
	<u> </u>
ctive date, it other than the date of filing:	(optional)
	e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 applicable statutory filing requirements, this date will not be listed cords.
ord specifies a delayed effective date, but not an effect filed.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after
d 05/19/2023 ,,	·
Signature of a member of	

Filing Fee: \$25.00