## L15000103623

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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workform

Office Use Only



600306449046

12/15/17--01019--009 \*\*43.75

01/10/18--01003--009 \*\*11.25

18 JAH -8 AH 2: 11



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 18, 2017

ROXANA FRONTINI 68 SE 6TH ST, STE 2202 MIAMI, FL 33131

SUBJECT: PROGRESSIVE DYNAMO ENTERPRISES, LLC

Ref. Number: L15000103623

We have received your document for PROGRESSIVE DYNAMO ENTERPRISES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$11.25.

The form you submitted is for a CORPROATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 717A00025475

RECEIVED

## COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	ROGRESSIVE 1	DYNAMO ENTER	PRISES, LLC
	Name of Limi	ted Liability Company	
The enclosed Articles o	Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	1
	R	OXANA FRONTIN	) i
		Name of Person	
	PROGRESSIVE	E DYNAMO ENT Firm/Company	REPRISES, LIC
	68 SE 67	Address	2202
	MIAMI, F	2 3313	<u> </u>
	E-mail address: (t	City/State and Zip Code  City/State and Zip Code  Obe used for furure annual report notifi	OV cation)
For further information	concerning this matter, please ca	II:	
ROXANA F	20NTINI-616	ar (305, 924-	2797
	of Person		Telephone Number
Enclosed is a check for	the following amount:		1
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☑ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divisi P.O. 1	.ING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ENIERE RESEL	CU
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company velocida document number <u>L15000103623</u> .	vere filed on	and assigned
This amendment is submitted to amend the following:		i 6
A. If amending name, enter the new name of the limited liabil	ity company here:	1 1 1 1 1 1
URATURS GROUP LLC. The new name must be distinguishable and contain the words "Limited Liability".		b
	y Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		21
(Principal office address MUST BE A STREET ADDRESS)	SUITE #500 HUMMI, FL 331	30
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent: RoxA	MA FRONTINI.	- GILG
New Registered Office Address: 78 S	6W 774 St. S	)ITE #500
Minn	Enter Florida street address , Flori, City	da 33130
w Registered Agent's Signature, if changing Registered Agent:		
ereby accept the appointment as registered agent and agree wisions of all statutes relative to the proper and complete p rept the obligations of my position as registered agent as pr	performance of my duties, and	Lam familiar with and

If Changing Registered Agent, Signature of New Registered Agent

ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

apany has been notified in writing of this change.

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
<u>CEU</u>	JASON GILG	78 500 774 ST SUME #500	
		SUTTE #500	Remove
		MAMI, FL 3313	3O <u></u> ⊠ Change
<u>LOO</u>	KOXANA FRONTINI-GILG	78 SW 774 ST	
		SUITE #500	☐ Remove
		MAMI, FL 33130	D Change
- <del></del>			
			Rempty:
			□ Rempty.
			□ Add
			│ │ │ □ Remove
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			☐ Remove
			Change

. If amending any other information, enter change(s) here: (Attack	•	
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of light and cannot be	(optional)	
If an effective date is listed, the date must be specific and cannot be prior to date of lands: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tiling or more than 90 days after filing.) Pursual tory filing requirements, this date will not	nt to 605.0207 ( t be listed as t
ne record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the	e earlier of:
Dated JANUARY 2nd 2018		
The state of the s		
Signature of a member or authorized representation	esentative of a member	<del></del>
ROXANA FRONTINI	1-GILG	
Typed or printed name of		
•		
Page 3 of 3		
Filing Con. C25	.00	

Filing Fee: S25.00