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COVER LETTER

TO: Registration Se Division of Co	ection rporations				*,	
SUBJECT: UP	20 LLC	N	L'APP. 0	· 		
		Name of Limited I	Liability Company			
Dear Sir or Madam:						
The enclosed Statement	of Correction and fee(s)	are submitted for f	filing.			
Please return all corresp	ondence concerning this	matter to the follow	wing:			
Louis W Holcomb						
	Name of Person	•				
UPro LLC						
	Firm/Company					
649 W Oakland P	ark Blvd					
	Address			_		
Wilton Manors, F	33311			SECF	2015 .	- 1 1
(City/State and Zip Code			¥ E E E		J 6
LeVoyage@bells	outh.net			RY SSE	ū	
E-mail address: (to	be used for future annua	al report notification	on)	OF S	σ	[]
				ORI	12: 4	
For further information	concerning this matter, p	lease call:		Dri A		
Paula Parsons		850	, 910-3125			
Name	of Person	Area C	ode Daytime Telephone Num	ber		
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 322	s Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for	the following amount:					
□ \$25 Filing Fee	2 \$30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy				

CR2E062 (2/14)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	int to se	ction 605.0209, F.S., this document is being	ng submitted to correct a p	reviously filed	document.	
<u>FIRST</u>	T: The name of the limited liability company is WPRO LIC					
SECOND: The Florida Docum		The Florida Document number of the lim	ment number of the limited liability company is: L15000115243			
THIR	<u>D</u> :	Document to be corrected is:				
		LLC articles of organization				
	<u>(CH</u>	ECK THE APPROPRIATE BOX AND CO	OMPLETE THE APPLICA	ABLE STATEM	<u>IENT</u>	
1		ins an incorrect statement. The incorrect stated statement are as follows:	tatement, the reason the sta	atement is inco	rrect, and the	
	The c	company was mistakenly named incorre	ectly. I would like the na	me corrected		
	to Vie	ewPro,LLC please.		T.,	_	
				ECK SECK	~~~	
				HAS:	- 0	
	<u>OR</u>			SEE, FLO	m O	
	Was d	efectively signed. The manner in which the tion are as follows:	e document was defective	Signed and t	the appropriate	
					-	
					-	
					-	
	<u>OR</u>	27				
	The el	ectronic transmission of the record was de-	fective.			
	1	Ou Holcoms	07/10/15		_	
Sig	gnatúre	of Authorized Representative	Date			

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