L 15000125730

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2016 SEP 27 PH 4: 41

SECRETARY OF STATE
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TO: 1	Registration Se Division of Cor	ection porations		
	CERTIPRO	OFLIC " J		
SUBJEC			and the first	···
		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		FABIAN SOTO		
			Name of Person	
		TAXAPRO CONSULTIN	G INC	
			Firm/Company	
		10637 N KENDALL DRI	VE SUITE 7E	
			Address	
		MIAMI, FL 33176		
`	CEALLES	L C. C consulting@taxapro.com	City/State and Zip Code	
		• ,	to be used for future annual report notif	ication)
For further	er information c	oncerning this matter, please co	ıll:	
Fabian S			786 505 - 0017	
	Name.o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	he following amount:		
X \$25.0	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

2016 SEP 27 PM 4: 41

TALLAHASSEE, FLORIDA

CERTIPROF LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

L 15000125720		
Florida document number L15000125730		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2925 NW 130Th Avenue	
(Principal office address MUST BE A STREET ADDRESS)	#410	4164
	Sunrise, FL, 33323	
Enter new mailing address, if applicable:	same as principal address	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of		ords, enter the name of the new
		ords, enter the name of the new
registered agent and/or the new registered office address her Name of New Registered Agent:	<u>re</u> :	
registered agent and/or the new registered office address her	<u>re</u> :	
registered agent and/or the new registered office address her Name of New Registered Agent:	Enter Florida street ad	ldress
registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Enter Florida street ad City	
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent	Enter Florida street ad City	dress , Florida Zip Code
registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Enter Florida street ad City ree to act in this capacity. It is performance of my duties provided for in Chapter 60	dress , Florida

or removed from our records:		g., <u></u>	MER	
MGR = M AMBR = A	anager uthorized Member Name		2016 SEP 27 PM	
<u>Title</u>	<u>Name</u>	Address	IALLAHASSEE, FLORID,	Type of Action
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e record specifies The 90th day afte	a delayed effectiver the record is fil		not an effect	ive time, at 12	:01 a.m. on the	earlier of:
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June, 29 Dated	11	I wer	, Š.			
ated	Signature	of a member of	Juthorized tepresen	itative of a member		

Page 3 of 3

Filing Fee: \$25,00