

From: Reza 101
9/28/2015

Fax: (305) 224-1901

To: (850) 617-6383

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : RAHBARAB & ASSOCIATES PLLC
Account Number : I20150000101
Phone : (305)224-1900
Fax Number : (305)224-1901

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: REZA@RAHBARANLLC.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PROPER WORKFORCE LLC**

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H150002325003

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: PROPER WORKFORCE, 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:

REZA RAHBARAN

Name of Person

RAHBARAN & ASSOCIATES, PLLC

Firm/Company

333 SE 2ND AVENUE STE 2000

Address

MIAMI, FL 33131

City/State and Zip Code

REZA@RAHBARANLLC.COM

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

For further information concerning this matter, please call:

REZA RAHBARAN

305

224 1900

Name of Person

at ()

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 32301FILED
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TALLAHASSEE, FLORIDA
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PROPER WORKFORCE, 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 08/20/2015 and assigned
 Florida document number L15000142614.

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

City

Florida

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

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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>
AMBR	PROSPERI AGOSTINI, JOSE G	3470 NW 82ND AVE, STE 110	<input type="checkbox"/> Add
		DORAL, FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GONZALO JOSE PROSPERI AGOSTINI	3470 NW 82ND AVE, STE 110	<input checked="" type="checkbox"/> Add
		DORAL, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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