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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Gonzalo Prosperi
Name of Person
Proper WORKFORCE LLC
Firm/Company
6915 Red Road, suite 225
Address
coral gables, fl 33143
City/State and Zip Code
info@properworkforce.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mania G. Hays at 786 409 2105
Name of Person 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 32301

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:

Proper Workforce Contractors LLC
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)

6915 Red road suite
225, Coral Gables, FL
33143

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

City

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

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>
AMER	Prosperi, Gonzalo	6915 Red road Suite 225, Coral gables FL, 33143	☐ Add ☐ Remove ☐ Change
AMBR	Arciniegas, Enrique	6915 Red road Suite 225, Coral gables FL, 33143	☒ Add ☐ Remove ☐ Change
AMBR	Garaballo, Carlos L	6915 Red road Suite 225, Coral gables FL 33143.	☒ Add ☐ Remove ☐ Change
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FALL CLASSIC FLORIDA

SECRETARY OF STATE
ITALY AMASSER FLORIDO

16 OCT 27 AM 7:50

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10/24/13

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) ¹⁰ The 90th day after the record is filed.

Deutscher

10/24/2016

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GONZALO BOTER

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