# L15000/42614

(Requestor	s Name)
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PICK-UP	VAIT MAIL
(Business E	ntity Name)
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Certified Copies Co	ertificates of Status
Special Instructions to Filing Of	

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J. HARRIS

## **COVER LETTER**

Division of Corporations PROPER WORKFORCE CONTRACTORS, LLC SUBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ricardo P. Hermida, Esquire Name of Person Law Offices of Ricardo P. Hermida Firm/Company 55 Merrick Way, Suite 212 Address Coral Gables, Florida 33134 City/State and Zip Code rick@rphermida.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Ricardo P. Hermida 305 Daytime Telephone Number Name of Person Inclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & **■** \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

ľO:

Registration Section

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

#### RICK HERMIDA

CRIMINAL DEFENSE ATTORNEY
305-461-1116

FAX 305-461-6446
55 MERRICK.WAY • SUITE 212
CORAL GABLES, FLORIDA 33134

August 8, 2017

## **VIA FEDERAL EXPRESS**

Florida Department of Corporations Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Articles of Amendment to Articles of Organization of PROPER WORKFORCE CONTRACTORS, LLC

Dear Sir or Madam,

By way of this Fed Ex package, I am enclosing the enclosed and executed Articles of Amendment to Articles of Organization of Proper Workforce Contractors, LLC.

Additionally, there is a check payable to the Florida Department of State in the amount of \$60.00, which covers the filing fee, the costs of a certified copy and a certificate of status.

Finally, I have enclosed a stamped, self-addressed envelope to facilitate your return of copies of the certified documents requested.

Should you need any additional information, please do not hesitate to contact me directly.

Thanks for your kind attention,

Rick Hermida

cc: Gonzalo Prosperi

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROPER WORKFORCE CONTRACTORS, LLC	PR	OPER.	WORKFORG	CE CONTR.	ACTORS, LLC
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	55 Merrick Way, Suite 212, Coral Gal	bles, FL	. 33134	ļ
	ne limited liabids "Limited Liabids" le: 4DDRESS)	re limited liability company here:  ds "Limited Liability Company," the designation "LLC" or the  le:  ADDRESS)  Proper Workforce Contractors, LLC  c/o Law Office of Ricardo P, Hermida	re limited liability company here:  Is "Limited Liability Company," the designation "LLC" or the abbrevia set.  Ie:  ADDRESS)  Proper Workforce Contractors, LLC  c/o Law Office of Ricardo P, Hermida (2) and	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.C"  le:    ADDRESS    Proper Workforce Contractors, LLC   Pro

New Registered Agent's Signature, if changing Registered Agent:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being addedor removed from our records</u>:

MGR = Manager . . . .

AMBR = Authorized Member

<u> Citle</u>	<u>Name</u>	Address	Type of Action
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tive date, if other than the date of filing:(op	tional)
fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aft	ter filing.) Pursuant to 605.02
If the date inserted in this block does not meet the applicable statutory filing requirements, the nent's effective date on the Department of State's records.	nis date will not be listed :
cord specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier
e 90th day after the record is filed.	
8/7/17	28: AL
	A P
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Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00