15000157442

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Corp	orations		
Properos LLC SUBJECT:	C		
	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Yoandro Gonzalez Vizoso		
		Name of Person	
	Properos LLC		
		Firm/Company	
	10290 NW 9 Street Circle A	Apt 209	
		Address	
	Miami, FL 33172		
		City/State and Zip Code	
	yoandro@gmail.com		
	E-mail address: (to	be used for future annual report notificat	ion)
For further information cor	ncerning this matter, please cal	II:	
Yoandro Gonzalez Vizoso		786 3575509	
Name of F	erson	at () Area Code Daytime Te	lephone 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:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Properos LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I	iability Company	were filed on 03/18/2016	and assigned
Florida document number L15000157442			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		10290 NW 9 Street Circle Apt 209	
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33172	
Enter new mailing address, if applicable:		10290 NW 9 Street Circle Apt 209	76 76 78 78 78 78 78 78 78 78 78 78 78 78 78
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33172	SVE
			SS W
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o	ffice address on our records, enter	Me name of the ne
registered agent and/or the new registered t	Thee address her	<u>e</u> .	Q A
Name of New Registered Agent:	Yoandro Gonz	alez Vizoso	
New Registered Office Address:	10290 NW 9 S	treet Circle Apt 209	
		Enter Florida street address	
	Miami	, Florida <u>3</u>	3172
		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>	Type of Action
MGR	Yoandro Gonzalez Vizoso	10290 NW 9th Street Cir Apt 209	
		Miami, FL 33172	□ Remove
			☐ Change
MGR	Joel Almanzar	1 GLEN ROYAL PKWY #809	Add
		Miami, FL 33125	■ Remove
			☐ Change
MGR	Roberto A. Heredia	4542 SW 128TH CT	
		Miami, FL 33175	■ Remove
			□ Change
			Add
			Remove
			□ Change
			Add 6
			Remove 3 PREMOVE
			3 Page 1
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Filing Fee: \$25.00