

L15000 145539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

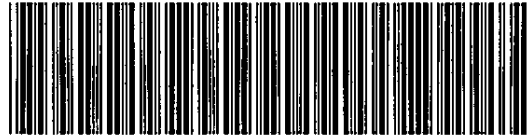
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 27 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROMODEL 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:

PAULINA J AGUDELO VIDAL

Name of Person

PROMODEL LLC

Firm/Company

11311 SPINNING REEL CIR

Address

ORLANDO, FL 32825

City/State and Zip Code

PROMODELCO@GMAIL.COM

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

For further information concerning this matter, please call:

PAULINA J AGUDELO VIDAL

Name of Person

at (407) 334-5404

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**

PROMODEL 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 09/29/2015 and assigned
Florida document number L15000165539

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

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> |
|--------------|------------------------------|-------------------------|--|
| MGR | PAULINA J AGUDELO VIDAL | 11311 SPINNING REEL CIR | <input checked="" type="checkbox"/> Add |
| | | ORLANDO, FL 32825 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | PAULINA J AGUDELO BUSTAMANTE | 11311 SPINNING REEL CIR | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32825 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

HELLO, I NEED A FAVOR IF YOU CAN DOUBLE CHECK THE PREVIOUS AMMENDMENT THAT I JUST SENT LAST WEEK. FOR A REASON MY LAST NAME APPEARS ON THE RECORDS WITH MY SISTER'S SECOND LAST NAME AND I SENT THE FORM WITH MY HUSBAND LAST NAME AS I HAVE MY DRIVER LICENSE (PAULINA J AGUDELO VIDAL) I BELIEVE I DID IT RIGHT BUT COULD BE MY MISTAKE ALSO. PLEASE DOUBLE CHECK IF YOU CAN. I DID NOT MADE A COPY OF THE AMMENDMENT. THIS IS THE SECOND AMMENDMENT IN A WEEK. IF IT IS NOT NECCESARY TO PAY AGAIN THE \$25 I REALLY APPRECIATE IT AND PLEASE VOID MY CHECK, IF I HAVE TO PAY AGAIN PLEASE USE THE CHECK.

WHEN I OPPENED THE CORPORATION I DID NOT KNOW THAT THE NAMES HAVE TO BE EXACTLY HOW THE DRIVER LICENSE IS :(AND THE BANK DID NOT ALLOW ME TO OPEN AN ACCOUNT UNTIL THE NAMES MATCH, NOW I HAVE TO WAIT AGAIN UNTIL IT IS CORRECT. MANY THANKS FOR ALL YOUR HELP WITH THIS! PAULINA J AGUDELO VIDAL

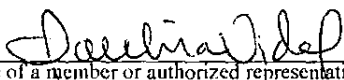
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____


Signature of a member or authorized representative of a member

PAULINA J AGUDELO VIDAL

Typed or printed name of signee

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TALLAHASSEE FLORIDA