

116000022885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

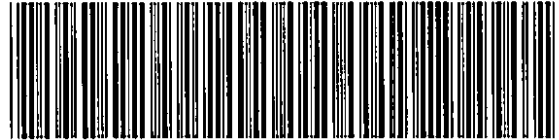
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200317639392

08/30/18--01028--024 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 AUG 30 PM 3:51

FILED

D. BRUCE
SEP 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRO PAD 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:

LEONARDO HOLANDA
Name of Person

PRO PAD LLC
Firm/Company

3759 BESS RD
Address

JACKSONVILLE, FL 32277
City/State and Zip Code

LUCIANAALMEIDA58@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUCIANA ALMEIDA at (904) 651 6824
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 copies 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

FILED
2010 AUG 30 PM 3:51
TALLAHASSEE, FL
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PRO PAD 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 02/02/2016 and assigned Florida document number L16000022885.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PRO PAD 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)

3759 BESS RD

JACKSONVILLE - FL

32277

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LUCIANA ALMEIDA

New Registered Office Address:

3759 BESS RD

Enter Florida street address

JACKSONVILLE

City

Florida

32277

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.

Louciana Almeida

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	LEONARDO HOLANDA	3759 BESS RD	☒ Add
		JACKSONVILLE -FL 32277	☐ Remove
			☐ Change
MGR	LUCIANA ALMEIDA	3759 BESS RD	☒ Add
		JACKSONVILLE FL 32277	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2018 AUG 30 PM 3:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2018 AUG 30 PM 3:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: 08/21/2018 (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 8/21/18

Ernest Flinder

Signature of a member or authorized representative of a member

LEONARDO HOLANDA

Typed or printed name of signee