## L14000172307

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| Certified Copies        | Certificates      | of Status |
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| Special Instructions to | Filing Officer:   |           |
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J. HARRIS

## **COVER LETTER**

| то:   | Registration Sec<br>Division of Corp |                                  |   |                    |
|---|--------------------------------------|----------------------------------|---|--------------------|
| CHID ID   |                                      |                                  |   |                    |
| SUBJE   |                                      | Name of Limi                     | ited Liability Company                    |                    |
| The end   | closed Articles of                   | Amendment and fee(s) are sub-    | mitted for filing.                        |                    |
| Please i  | return all correspo                  | ndence concerning this matter    | to the following:                         |                    |
|   |                                      | Jason A Callahan                 |   |                    |
|   |                                      |                                  | Name of Person                            |                    |
|   |                                      |                                  | Firm/Company                              |                    |
|   |                                      | 6935 Southwood St                |   |                    |
|   |                                      |                                  | Address                                   | <del></del>        |
|   |                                      | Panama City, FL 32404            |   |                    |
|   |                                      |                                  | City/State and Zip Code                   |                    |
|   |                                      |                                  |   |                    |
|   |                                      | E-mail address: (                | to be used for future annual report notif | ication)           |
| For fun   | ther information co                  | oncerning this matter, please ca | all:                                      |                    |
| Jason (   |                                      |                                  | 678 326-9546<br>at ()                     |                    |
|   | Name o                               | f Person                         | Area Code Daytime                         | : Telephone Number |
| Firm/Company  6935 Southwood St  Address  Panama City, FL 32404  City/State and Zip Code  Riveracallahan2011@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jason Callahan  678 326-9546 at ( |                                      |                                  |   |                    |
| \$25  | 5.00 Filing Fee                      |                                  |   |                    |

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

| Pro Productive LLC  |  |                                    |   |               |
|---|--|------------------------------------|---|---------------|
| (Name of the Limi   | ted Liability Company as it now app<br>(A Florida Limited Liability Compan | ears on our records.)<br>y)        |   |               |
| The Articles of Organization for this Limited L                                       | iability Company were filed on   | 09/15/2016                         | and assi                                | gned          |
| Florida document number L16000172307  | <u> </u>   |                                    |   |               |
| This amendment is submitted to amend the fol  | lowing:  |                                    |   |               |
| A. If amending name, enter the new name of  | of the limited liability company   | here:                              |   |               |
| The new name must be distinguishable and contain the                                  | words "Limited Liability Company," th                                      | ne designation "LLC" or the abbrev | iation "L.L                             | C."           |
| Enter new principal offices address, if appli   | cable:   |                                    |   |               |
| (Principal office address MUST BE A STRE  | ET ADDRESS)  |                                    | <b>.</b>                                |               |
|   |  |                                    | न्हः,                                   | ••            |
|   |  |                                    | ~                                       |               |
| Enter new mailing address, if applicable:   |  |                                    |   |               |
| (Mailing address MAY BE A POST OFFICE   | BOX)   |                                    | ======================================= | : ±0          |
|   |  |                                    | <u> </u>                                | 1. 1.         |
|   |  |                                    | ۵                                       | *             |
| B. If amending the registered agent and registered agent and/or the new registered of |  | on our records, enter the          | name o                                  | of the ne     |
| Name of New Registered Agent:   | Priscilla Callahan   |                                    |   | <del></del> _ |
| New Registered Office Address:  | 6935 Southwood st  |                                    |   |               |
|   | Enter 1  | Florida street address             |   |               |
|   | Panama city  | , Florida <sup>32404</sup>         |   |               |
|   | City   |                                    | Zip Code                                | <del></del>   |

## 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.

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          | PRISCILLA CALLAHAN | 6955 Southwood St     | Add                |
|              |                    | Panama City Fl 32404  | □ Remove           |
|              |                    |                       | □ Change           |
| AMBR         | Richard Hitchcock  | 6935 Southwood St     |                    |
|              |                    | Panama City, FL 32404 | □ Remove           |
|              |                    |                       | ☐ Change           |
|              |                    |                       | Add                |
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| If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |                    |
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| Effective date, if other than the date of filing:  | ot be listed as th |
| Dated November 10 , 2016 , and alchow  | 16 KG (*)          |
| Signature of a rhember or authorized representative of a member                                    |                    |
| Jason Callahan Priscilla Callahan  |                    |
| Tuned or miletal arms of size  |                    |
| Typed or printed name of signee  | PHI2: 09           |

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Filing Fee: \$25.00