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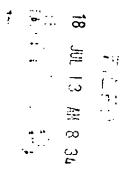
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S. PRATHER

## **COVER LETTER**

	gistration Se vision of Cor			
		Scaffolding Solutions LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The encloses	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returi	all correspo	ndence concerning this matter	to the following:	
		Jorge D. Navarro		
			Name of Person	
		Proactive Management	Solutions LLC	
			Firm/Company	
		P.O. Box 451014		
			Address	
		Sunrise, FL 33345		
			City/State and Zip Code	
		dnavarropss@gmail.com	to be used for future annual report not	16
For further i	ntormation c	n-mail address: ( oncerning this matter, please c		meation)
Jorge D. N	avarro		754 465-3173	
	Name o	f Person	at () Area Code — Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 E	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

Proactive Scaffolding Solutions 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 12/12/2016 and assigned Florida document number \_\_\_\_\_L16000223793 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Proactive Management Solutions LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation FLLC 2421-3 NW 16th Lane Enter new principal offices address, if applicable: Pompano Beach, FL 33064 (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: 2421-3 NW 16th Lane New Registered Office Address: Enter Florida street address

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.

City

Pompano Beach

If Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_\_, Florida <u>33064</u>

. 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>	Name	<u>Address</u>	Type of Action
AMBR	Jorge D. Navarro	370 E. Lakewood Circle	
		Unit #C	☐ Remove
		Margate, FL 33063	
OWNE	Vijay N. Somnarain	9370 NW 33rd Place	
		Sunrise, FL 33351	<b>≅</b> Remove
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<del></del>			□ Add
			□ Remove
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		<del></del>	Add
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		Change	
			Add
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record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	01 a.m.	on the	earlier
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Filing Fee: \$25.00