# 11700084690

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (City/State/Zip/Priorie #)              |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Basilless Ellity Harle)                |
| (Document Number)                       |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

Office Use Only



600300785746

07/03/17--01029-+000 \*\*25.00



JUL 05 2017 J SHIVERS

# **COVER LETTER**

| TO: Registration So<br>Division of Cor |  |   |   |
|--|--|---|---|
| SUBJECT: PRO                           | CONSTRUCTION                                 | SERVICES, LLC   |   |
|  | Name of Lim                                  | ited Liability Company  |   |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | omitted for filing.   |   |
| Please return all correspo             | ondence concerning this matter               | to the following:   |   |
|  | MARK N                                       | 1 · ORBERG<br>Name of Person  |   |
|  | Pro cons                                     | TRUCTION SERVICE Firm/Company   | ES, LLC   |
|  | 126 STILL                                    | WATER CIRCUE  | <u>-</u>  |
|  | JUPITER                                      | FL 33458<br>City/State and Zip Code   |   |
|  | <u>Markorbe</u><br>E-mail address: (         | ral and 2ip Code  ral and 2ip Code  to bused for future annual report notif | Tication)   |
| For further information c              | concerning this matter, please c             |   |   |
| MARK OR<br>Name o                      | BFRG<br>of Person                            | at ( <u>561</u> ) <u>351-5</u><br>Area Code Daytimo                         | : Telephone Number  |
| Enclosed is a check for t              | he following amount:                         |   |   |
| \$25.00 Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55 00 Filing Fee &<br>Certified Copy<br>radditional copy is enclosed)   | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRO CONSTRUCTION SERVICES LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| (A Pioriga Li  | mited Clability Company)   |                 |                   |  |                |
|--|--|-----------------|-------------------|--|----------------|
| The Articles of Organization for this Limited Liability Con  | ipany were filed on <u>APRIL 17th</u>  | 201             | <u>1</u> ar       | nd assig                                     | gned           |
| lorida document number <u>L170000 846 90</u>   |  |                 |                   |  |                |
| This amendment is submitted to amend the following:  |  |                 |                   |  |                |
| A. If amending name, <u>enter the new name</u> of the limite   | d liability gamnany haray  |                 |                   |  |                |
| v. If attenuing name, enter the new name of the name   | и нарину сопірану пете.  |                 |                   |  |                |
| The new name must be distinguishable and contain the words "Limited  | Luability Company," the designation "LLC"                                    | or the ab       | breviati          | on "L.L.                                     | .C."           |
| Enter new principal offices address, if applicable:  |  |                 |                   |  |                |
| Principal office address MUST BE A STREET ADDRE.   | SS)  |                 |                   | <u>.                                    </u> |                |
|  |  |                 |                   |  |                |
|  |  |                 |                   |  |                |
| Enter new mailing address, if applicable:  |  |                 |                   |  |                |
| Mailing address MAY BE A POST OFFICE BOX)  |  |                 |                   |  |                |
|  |  |                 |                   |  |                |
| B. If amending the registered agent and/or register  | ead affice address on our records  | antar           | the n             | 91110-41                                     | f the ne       |
| registered agent and/or the new registered office address  |  | <u>circi</u>    | Si Si             | anne <u>o</u>                                | i inc inc      |
|  |  |                 |                   | 17   |                |
| Name of New Registered Agent:  |  |                 | · · · · ·         | _ <u>(=</u> _                                |                |
| New Registered Office Address:   |  |                 |                   | ರು   |                |
|  | Enter Florida street address   |                 | ···.              | 27%<br>73%                                   | ٠              |
|  | , Flor   | ida             | <u> </u>          | 71   |                |
|  | City   |                 | Zip (             | Corpe<br>Corpe                               |                |
| Sew Registered Agent's Signature, if changing Registered A   |  |                 | •                 |  |                |
| hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and come weept the obligations of my position as registered agenceing filed to merely reflect a change in the registered company has been notified in writing of this change. | plete performance of my duties, and<br>it as provided for in Chapter 605, F. | Lam f<br>S. Or, | amilia<br>if this | ir with<br>docun                             | and<br>nent is |
|  |  |                 |                   |  |                |
|  |  |                 |                   |  |                |
| į  | f Changing Registered Agent, Signature of                                    | New Re          | gistered          | 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

Title Name Address Type of Action

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

MGR = Manager
AMBR = Authorized Member

Type of Action

SUPITER FL 33459 Remove

|      |                | JUPITER FL 33459       | Remove   |
|------|----------------|------------------------|----------|
|      |                |                        | ⊠ Change |
| ANBR | LORI L. ORBERG | 126 STILLWATTER CIRCLE | Add      |
|      |                | JUPITER, FL 33458      | Remove   |
|      |                |                        | □ Change |
|      |                |                        | □ Add    |
|      |                |                        | □ Remove |
|      |                |                        | Change   |
|      |                |                        | Add      |
|      |                |                        | Remove   |
|      |                |                        | Change   |
|      |                |                        | Add      |
|      |                |                        | □ Remove |
|      |                |                        | Change   |
|      |                |                        |          |
|      |                |                        | Remove   |
|      |                |                        | ☐ Change |

|   | :   |
|---|---|
|   | 1   |
|   | . Gr  |
|   |   |
|   | 7. 7  |
|   | <u>πίν ω</u>  |
|   | •   |
| oriva data if arbay than the date of filing   | (ontional)  |
| effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or most. If the date inserted in this block does not meet the applicable statutory filing iment's effective date on the Department of State's records. | ore than 90 days after filing.) Pursuant to 60<br>2 requirements, this date will not be lis |
| record specifies a delayed effective date, but not an effective ti<br>ne 90th day after the record is filed.  | me, at 12:01 a.m. on the earl   |
| JUNE 27th 2017  |   |
|   |   |
|   |   |
| Signature of a member or authorized representative  |   |

Page 3 of 3

Filing Fee: \$25.00