## L17000156392

(Requ	estor's Name)
(Addr	ess)
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PICK-UP	☐ WAIT ☐ MAIL
(Busi	iess Entity Name)
(Doci	ment Number)
Certified Copies	Certificates of Status
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SECRETARY OF STATE

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: PDO	VECTO PRO	LLC					
	Name of Limi	ted Liability Company					
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.					
Please return all correspo	ndence concerning this matter t	a the following:					
	JAVIER ANDRE	S ROJAS OURR	AU				
	PROYECTOP	Po LLC Firm/Company					
	6055 m	US CT ADT S	08				
	DOPAL F	City/State and Zip Code					
	PROYECTOPR E-mail address: (to	o be used for future annual report notific	Cation) .				
For further information eq	incerning this matter, please ca	H:					
JAVIER AM	ZES LOHTS COM	LAU (786 87) Area Code Daytime	491) Telephone Number				
Enclosed is a check for th	e 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)				
X( \ I   1	NG ADDRESS:	STDEET/COUDIE	D ADDDESS:				
Registra	tion Section	Registration Section					
P.O. Bo		Division of Corporat Clifton Building	ions				
	see, FL 32314		2661 Executive Center Circle				

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

PROYECTOP PO (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1100156392	2/2/2002
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	10055 NW 105CT POT 509
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	APR 26 MILESTANDER FLORE
B. If amending the registered agent and/or registered office address he	office address on our records, enter-the name of the new re:
Name of New Registered Agent: JAVIETO  New Registered Office Address: 6055	2 ANDRES POJAS (DURANA) NW 105 CT ADT 508. Enter Florida street address
DOILE	City Florida 3178.
New Registered Agent's Signature, if changing Registered Agent	<u>l:</u>
I hereby accept the appointment as registered agent and ag	ree 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.

ging Registered Agent, Signature of New Registered Agent

Page t of 3

or removed from our records: MGR = Manager AMBR = Authorized Member Title **Address Type of Action** Name FADIANA ALEXANDRA 5715 AM 2 AVE ADT 701 JANGO MOR MARQUA MORA ☐ Remove ☐ Change □ Add □ Remove hange ্দ্র ডি Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add \_□ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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fan el <u>Note:</u>	ffective date is list If the date inse nent's effective	ed, the date must erted in this blo	be specific and ock does not n	cannot be pri- neet the appl	or to date of ti icable statut	ling or more the ory filing requ	in 90 days after iirements, this	filing.) Purs date will i	uant to 6 101 be l	505.0207 isted as
	ecord specifie e 90th day a			ate, but r	not an effe	ctive time,	at 12:01 a	.m. on t	he ea	rlier of
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	-		Signature of a r	nember or au	thorized repre	sentative of a n	iemher			
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Filing Fee: \$25.00