U17000 195286

(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:	
·	





100305011091

100305011091 10/27/17-01012-007 ++25.00

ZET DEC - FE H. C.

J. HARRIS

COVER LETTER

TO: Registration Section Lenna D. Harris. Division of Corporations
SUBJECT: A Pro Sales 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:
Bryan A. Rodriguez Name of Person
A Pro Sales 11C. Firm/Company
6071 NW 61st Ave Bldg 12 #209
Tamarac, FL 33319 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Bryan Rodriguez at (954) 646-4890 Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
Sent Certificate of Status Certified Copy (additional copy is enclosed) S25.00 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



October 31, 2017

BRYAN A RODRIGUEZ 6071 NW 61ST AVE BLDG 12 #209 TAMARAC, FL 33319

SUBJECT: A PRO SALES LLC Ref. Number: L17000195286

We have received your document for A PRO SALES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

> 2019 DEC -4 AM 7: 80 pair atalèsa e e este

Letter Number: 217A00021958

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Pro S	ited Liability Comp (A Florida Limited	<u>.</u>			
(Name of the Lim	(A Florida Limited	Tiability Compa	iny)	ecorus.)	
e Articles of Organization for this Limited I	Liability Compan		ala.	12017	and assigned
s amendment is submitted to amend the fol	lowing:				
If amending name, enter the new name	of the limited lia	bility compan	y here:		
new name must be distinguishable and contain the	words "Limited Lial	oility Company,"	the designation	"LLC" or the ab	breviation "L.L.C."
iter new principal offices address, if appli	cable:				
rincipal office address MUST BE A STRE	ET ADDRESS)				
nter new mailing address, if applicable: <u>Stailing address MAY BE A POST OFFICE</u>	E BOX)				
If amending the registered agent and gistered agent and/or the new registered			s on our re	cords, enter	the name of the no
Name of New Registered Agent:	1071		/ 1 S + A		· / - + 2
New Registered Office Address:	6011	<u>_NW_(</u>	6/3/A	ve. B	1dg 12 #20 33319
		ะกเยา	r Florida strevi c	idaress –	
	Τ	_			23319

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.

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 = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGM	Bryan E. Rodriguez	6071 NW 61ST AVE	\ Add
	Kodriguez	6071 NW 61St AVE Bldg 12 \$209, Tanarae	Remove
		f1 33319	Change
			Add
			□ Remove
			Change
Mgm	Bryan A. Rodriguez	607/ NW 6/51 AVE. Bldg 12 # 209	
	Kodriguez		
		Tamerae, F1. 33319	Change
			Add
			Remove
			Change
		<u> </u>	
		· ·	Remove
		· .	☐ Ghange
			.E —_□-∀qq •-E
			Remove
			Change

				<u> </u>	
			_		
•					
					
			<u> </u>		
			-		
	·			_	
					
		.,	<u> </u>		
andian dage of sales walls and the	data of Eli		/	tionul)	
ective date, if other than the effective date is listed, the date mus	st be specific and cannot	be prior to date of filing	g or more than 90 days aff	tional) ter filing.) Pursuant	to 605.02
te: If the date inserted in this blument's effective date on the D			tiling requirements, ti	his date will not t	oe listed
record specifies a delaved The 90th day after the rec		out not an effect	ive time, at 12:01	. a.m. on the	earlier
I .	.ord 15 med.				
ed 11/21/2017					
	$\overline{\Omega}$ 0 $\overline{}$	_		:	ND Pri
				-	:
XION	Signature of a member	or authorized represer	ntative of a member	<u>r</u>	- ;
Xom	Signature of a member A . R Typed			·	- 1 - 1 - 1

Page 3 of 3

Filing Fee: \$25.00