

L17000217544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

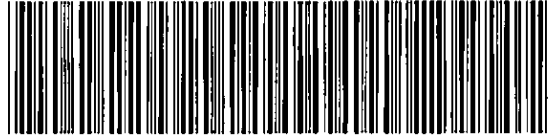
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2018

ESTELA MORALES
4951 TAMiami TRAIL NORTH
STE 103
NAPLES, FL 34103

SUBJECT: PRO TR LLC
Ref. Number: L17000217544

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

No fee was enclosed. Please submit a \$25.00 check made payable to Florida Department of State

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 718A00013520

RECEIVED
2018 JUL 11 AM 10:06

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PRO TR 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 _____ and assigned
Florida document number L17000217544.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

196 HICKORY ROAD, NAPLES FL 34108

(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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City

Zip Code

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MRGM	NELSON RICHARD NORMAN	1208 OAK HAMMOCK RD.	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34240	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRGM	ALVINSKIS, MAREKS	196 HICKORY ROAD NAPLES 0	<input type="checkbox"/> Add
		FL 34108	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 25, 2018

K. Zwick
Signature

Signature of a member or authorized representative of a member

ZEIDAKS, KRISTERS MRCM

Typed or printed name of signee

2810 JUL 13 PM 4:55
U.S. AIR FORCE
ALABAMA STATE
ORANGE