## 117000263581

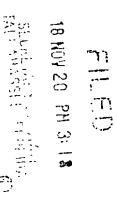
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

то:	Registration Se Division of Cor			
eum	PROINVE			
SUB	IECT:	Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		JOSE ALBERTO VIELM	A LEON	
			Name of Person	<del></del>
		PROINVE LLC		
			Firm/Company	***
		21326 Doral Rose In		
			Address	
		Katy Texas 77449		
		VIELMALEON@GMAIL.	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fi	irther information co	oncerning this matter, please ca	all:	
JOSE	E ALBERTO VIELN	MA LEON	407 373-4600	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
<b>⊟</b> \$:	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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

PROINVE LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>1.17000263581</u> .	were filed on 12/28/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	21326 Doral Rose In
(Principal office address MUST BE A STREET ADDRESS)	Katy Texas 77449
Enter new mailing address, if applicable:	21326 Doral Rose In
(Mailing address MAY BE A POST OFFICE BOX)	Katy Texas 77449
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
	, Florida (**)

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>	Type of Action
MGR	MONICA M BLANCHARD LISCANO	21326 Doral Rose In	
		F	
		Katy Texas 77449	Remove
			☐ Change
	POLINAD ANTONIO	· <del>- · · ·</del>	<b>_</b>
MGR	BOLIVAR ANTONIO BLANCHARD CAMACHO	21326 Doraf Rose In	<b>=</b> Add
		Katy Texas 77449	
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			☐ Change
MGR	JOSE ALBERTO VIELMA LEON	21326 Doral Rose In	
	1307		Add
		Katy Texas 77449	<b>5</b> %
			Remove
			Change
MGR	MARIANELA J PEREZ UZCATEGUI	7800 COLLINS AVE APT 308	
		MIAMI BEACH, FL 33141	
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Signature of a member or authorized representative of a member  MONICA M BLANCHARD LISCANO  Typed or printed name of signee	record specifies a delay The 90th day after the re	ed effective date, ecord is filed.	but not an effecti	ve time, at 12:0	1 a.m. on the earlier
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MONICA M BLANCHARD LISCANO  Typed or printed name of signee		Buchia	Muica		
Typed or printed name of signee		Signature of a member	or authorized represent	lative of a member	18 18
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Filing Fee: \$25.00