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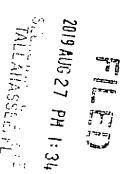
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C Kinsey

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	ALL PRO				
((()))	<u></u>		nited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sui	bmitted for filing.		
Please r	eturn all corresp	ondence concerning this matter	r to the following:		
		DERRICK KELLEY			
		<u> </u>	Name of Person		
		ALL PRO GA LLC			
			Firm/Company		
	3453 OLD DIXIE HWY AUBURNDALE FL 33823				
			Address	-	
		PO BOX 623 AUBURN	FDALE FL 33823		
		kriffel@teamallpro.net	City/State and Zip Code	<u> </u>	
		E-mail address: (to be used for future annual report notif	fication)	
For furtl	ier information c	oncerning this matter, please c	all:		
TERRY	JOHNSON		863 287-8812 at ()		
	Name o	f Person	Area Code Daytime	2 Telephone Number	
Enclosed	l is a check for th	ne following amount:			
z \$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 tadditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL PRO GA LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 01/16/2018	and assigned
Florida document number L18000012460		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 1	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
		019 610
Enter new mailing address, if applicable:		2019 AUG 27
	 -	S 1 100
Mailing address MAY BE A POST OFFICE BOX)		
		$\frac{\omega_{i}}{\omega_{i}}$
3. If amending the registered agent and/or registered	l office address on our records, <u>e</u>	nter the name of the ne
egistered agent and/or the new registered office address b	<u>nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
ISON Registered Office Address.	Enter Florida street address	
	, Floric	
	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>	Address	Type of Action
MGR	TERRY JOHNSON	3453 OLD DIXIE HWY AUBURNDALE FL 33823	■ Add
			Remove
			☐ Change
MGR	PHILLIP RIFFEL.	3453 OLD DIXIE HWY AUBURNDALE FL 33823	■ Add
			Remove
			Change
MGR	RANDY SCOTT	3453 OLD DIXIE HWY AUBURNDALE FL 33823	Add
			Remove
			□ Change
MGR	KEVIN PATTON	3453 OLD DIXIE HWY AUBURNDALE FL 33823	Add
			□ Remove
			Change
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			Remove
			□ Change

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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	t be specific and ock does not m	eannot be prior to seet the applica	o date of filing or ble statutory fil	more than 90 day ing requiremen	(optional) is after filing.) Pursi is, this date will r	uant to 605.0207 (. oot be listed as tl
		ata but not	an effective	time, at 12	:01 a.m. on th	ne earlier of:
ne record specifies a delayed The 90th day after the reco	effective d ord is filed.	ate, out not				
AUGEST 26	effective d ord is filed,	2019				
The 90th day after the reco	effective dord is filed.		_ ·			
AUGEST 26	ord is filed.	2019				

Page 3 of 3

Filing Fee: \$25.00