## L1800052033

(F	Requestor's Name)	
	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐	MAIL
(l	Business Entity Name)	
([	Document Number)	
Certified Copies	Certificates of Stat	tus
Special Instructions	to Filing Officer:	
		:
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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER JUL 2 7 2018

## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Instapro Ll	_C		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	·	
		Aramis Puertas Pelissar	İ	
			Name of Person	
		Instapro		
			Firm/Company	
		4351 NW 51st ST		
			Address	
		Coconut Creek, FL 3307	73	
		adri.pelissari@gmail.com	City/State and Zip Code	
		· — •	to be used for future annual report notifi	cation)
For further i	nformation c	oncerning this matter, please ca	all:	
Adriana Pe	elissari		561 5736400 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25,00 I	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:

TO: - Registration Section

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

any as it now appears on our records.) Liability Company)	
v were filed on 02/27/2018	and assigned
oility company here:	
ility Company," the designation "LLC" or	the abbreviation "L.L.C."
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office address on our records, <u>er</u> r <u>e</u> :	nter the name of the
Enter Florida street address	
, Florid	<b>a</b> Zip Code
City	72 / C I
	pility company here:  ility Company," the designation "LLC" or  office address on our records, ence:  Enter Florida street address

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title.	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mariana Camargo Franco	5273 N DIXIE HWY APT D1	<b>G</b> Add
		Oakland Park, FL 33334	□ Remove
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ctive date, if other than the date effective date is listed, the date must be s	e of filing:specific and cannot be prior to d	ate of filing or more than	( <b>optional</b> ) 90 days after filing.) Pu	irsuant to 605,0
e: If the date inserted in this block of the date inserted in the Depart	does not meet the applicable	e statutory filing requir	ements, this date wil	I not be listed
ecord specifies a delayed eff ne 90th day after the record		n effective time, a	t 12:01 a.m. on	the earlier
d	2018			
		2		
	-			

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Filing Fee: \$25.00