## L18CCC 52253

(Re	questor's Name)	
(Ad	dress)	
	dress)	
`	·	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
`	,	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500313085345

05/11/18--01014--029 \*\*60.00

## **COVER LETTER**

TO: Registration Section Division of Corpor				
SUBJECT: Proi	bida USA LLC	J		
	Name of Limi	ited Liability Company		
The enclosed Articles of Am	nendment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Lorraine L	a Rosa		
	0 4.1 1	Name of Person		
	Proibida 1	Firm/Company		
	2417 Holly.	wood Blid		
		み、FL 33020 City/State and Zip Code		
-	E-mail address: (1	RACONSTRUCTION EGNA'S to be used for future annual report notific	cation)	* 9
For further information conc	erning this matter, please ca	all:		
Lorraine La Roy Name of Pe	rson	at ( <u>954</u> ) <u>924-5</u> Area Code Daytime	Telephone Number	
Enclosed is a check for the fo	ollowing amount:			; - •
_	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional cop	of Status &

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

Proibida U:	SA LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabilit	y Company were filed on April 26, 2018	an	d assigned
Florida document number <u>L 18000 0 5 2 253</u>			-
This amendment is submitted to amend the following	<u>;</u> :		
A. If amending name, enter the new name of the l	limited liability company here:		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the	_ abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		r the n:	ame_of_the_new
		; ;	1
Name of New Registered Agent:		-:	• •
New Registered Office Address:			
<del></del>	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 = AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Vincenzo Apa	2417 Hollywood Blid	
		Hallywood, A 33020	Remove
			Change
AMBR	Attri Dhandeep Singh	2417 Hollywood Blvd	Add
		Hollywood, FL 33020	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			□ Change
			□ Remove
			Change
			Add
			Remove
			Change

			<del></del>			<del></del> _	<del></del>
<del></del>		-					
							<del></del>
	<del></del>		<del></del>				
		<del></del> -			······································		<del></del>
			_				<del></del>
	•						
<u> </u>		· .		_	<del> </del>		
					<u>.                                    </u>		<del></del>
			<del></del>				<del></del>
				<del></del>			
							<u>. : :</u> ;
							· · ·
							;;
ective date, if other that effective date is listed, the da e: If the date inserted in the ument's effective date on the	his block does	not meet the a	pplicable statute	17 ling or more than 9 ory filing require	(optional) days after filing, nents, this date	) Pursuant to will not be	o 605,020 e listed a
record specifies a del he 90th day after the	ayed effect record is f	ive date, bu ïled.	it not an effe	ctive time, at	12:01 a.m.	on the e	arlier
ed May 8			18				
	Signatur	e of a member or	authorized repres	sentative of a memi	)er		
	-		•				

Page 3 of 3

Filing Fee: \$25.00