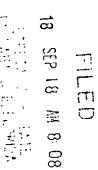
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| (Re                     | equestor's Name)  |             |
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| Special Instructions to | Filing Officer:   |             |
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09/19/18--01013--011 \*\*25.00





## **COVER LETTER**

TO: · Registration Section Division of Corporations PRORESOURCES MANAGEMENT LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Mariana Munevar Name of Person PRORESOURCES MANAGEMENT LLC Firm/Company 15845 SW 150th CT Address Miami Florida 33187 City/State and Zip Code msdalsy@me.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mariana Munevar 338-1063 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PRORESOURCES MANAGEMENT LLC  (Name of the Limited Liability Compa (A Florida Limited I                                 | ny as it now appears on our records.)    |                                      |
|--|--|--------------------------------------|
| (A Florida Limited I   | Liability Company)                       |                                      |
| The Articles of Organization for this Limited Liability Company  | were filed on 05/30/2018                 | and assigned                         |
| lorida document number L18000134725  |  |                                      |
| This amendment is submitted to amend the following:  |  | _                                    |
| A. If amending name, enter the new name of the limited liab  | ility company here:                      | 18 SE TI                             |
| he new name must be distinguishable and contain the words "Limited Liabil  | ity Company," the designation "LLC" or t | he abbreviation L.L.C.               |
| Enter new principal offices address, if applicable:  | 11644 NW 88th Ln                         |                                      |
| Principal office address MUST BE A STREET ADDRESS)   | Doral, FL 33178                          | 55. 8<br>55. 8                       |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>                             | 11644 NW 8<br>Doral, FL                  | 3 <sup>44</sup> Ln<br>33 <u>17</u> 8 |
| 3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here | ·  | nter the name of the                 |
| Name of New Registered Agent:  |  |                                      |
| New Registered Office Address:   | Enter Florida street address             |                                      |
|  |  |                                      |
|  | Florid:                                  | aZin Code                            |
|  | City                                     | Z10 ( OOP                            |

## 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          | Lazaro Jesus Acosta |                             |                       |
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| E. Effective | ve date, if other than the date of filing: (optional)  |
|              | ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  |
|              | f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records. |
|              |  |
| If the reco  | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o  |
|              | 90th day after the record is filed.  |
|              |  |
|              | Sept. 12 2018.   |
| Dated        |  |
| Dated _      |  |
| Dated _      |  |

Page 3 of 3

Filing Fee: \$25.00