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SECRETARY OF STATE
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Professional General Contractors of Florida LLC 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:
LINDA BOBADILLA Name of Person
Pro GC + Solar LLC Firm/Company
5222 Assisi Ave Address
Ave Maria FL. 34142  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LINDA BORADICLA at (239) 986-0817  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\times \text{Certificate of Status}\$  \$25.00 Filing Fee \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$  \$60.00 Filing Fee, \text{Certified Copy} \\ \text{Certified Copy} \\ \text{(additional 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

Professional (Name of the Limit	content ed Liability Compa (A Florida Limited I	Cintra ctor ny as it now appear hability Company)	s on our records.)	aida 1	<u>-L</u> -C
The Articles of Organization for this Limited Li Florida document number <u>LISOOO</u> 2	iability Company <u>L422</u> 44	were filed on!_	0/15/2015	<u>ວ</u> an	d assigned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the week the new principal offices address, if application of the new principal office address MUST BE A STREE	able:	ity Company." the de	esignation "LLC" o	r the abbreviati	on "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>				· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and registered agent and/or the new registered of	ffice address her	<u>e</u> :		Zs.	- · -▲
Name of New Registered Agent:	JAVIE	- Babadi	11a	THAT U	<u> </u>
New Registered Office Address:	5222 A	ssisi Ave		SSE C	
	Ave	Babadi SSisi Ave Enter Flor Maria City	ida street address	1200 (120 da 120 (120 da 120 (120 da)	4 2 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>	<u>Address</u>	Type of Action
MGR	Linda Bobadilla	5222 Assis: Ave Ave Maria, FL-34142	<b></b> Add
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Filing Fee: \$25.00