# 18000252869

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600333112466

09/06/19--01009--010 \*\*25.00

2015: . . - 5 / // 8: 28

Amend

SEP | 4 ZIIIII I ALBRITTON

## **COVER LETTER**

Division of Co			
SUBJECT:	PROBIGI	GROUP INVEST	MENTS LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		SCOTT BAKER	
		Name of Person	
	Pa	ROBIGI GROUP	INDESTMENTS LIC
		Firm/Company	
	11120	8 TH STREET	FAST
		Address	
	TRLAY	IRE ISLAND, FL	33706
		City/State and Zip Code	
	Switt (	MARK MY WORD to be used for future annual r	SMEDIA. COM
For further information	concerning this matter, please ca		eport nouncation)
_			
	COT BAKER of Person	at ( <u>859)</u>	420 - 2555
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate 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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRODIGI GROUP INVESTMENTS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_\_ 12/1/15 \_\_\_\_\_ and assigned Florida document number 18000 25 28 69 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: PRODIGI GROUP INC. Name of New Registered Agent: 11120 8TH STREET EAST New Registered Office Address: TREASURE ISLAND , Florida 33706

### 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
MER	PROBIGI GROUP INC.		
			Remove
			Change
AMBR	_ Sour BAIGER	<del>-</del>	<b>□</b> Add
			Remove
			Change
			Remove
			Change
			Add
			☐ Remove
		<del>-</del>	Change
			Remove
			☐ Change
		<del></del>	
			□ Remove

							<del></del>
~	-				<del></del>		- <del></del>
					<del></del>		
			<del></del>			-	<del></del>
		···				-	
				<del>.</del>			
			<u> </u>				t
<del></del>						·	
				<del></del>			
					<u> </u>		
	,				<del></del>	<del>-</del>	
	<del></del>	<del>_</del> ·	<del></del>				<del></del>
	<del>-</del>		<del></del> ·				
	<del>_</del>						
f an effective da <b>Note:</b> If the d	e, if other than the is listed, the date in ate inserted in this fective date on the	nust be specific block does n	and cannot be of meet the ap	oplicable statuto:	ng or more than 9 ry filing require	<b>(optional)</b> O days after filing.) Ements, this date v	Pursuant to 605.020 will not be listed a
e record sp The 90th	ecifies a delay day after the re	ed effectiv ecord is file	e date, but ed.	t not an effec	tive time, a	: 12:01 a.m. d	on the earlier o
1	Sept	3	_, <u></u>	19.			
ated							
ated			the Kill	$\searrow$			
Dated		Signature o	f a member or	authorized represe	entative of a men	ıber	

Page 3 of 3

Filing Fee: \$25.00