

L190000 1371d0

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

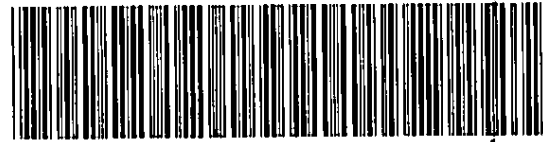
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/25/19--01 021--000 \*\*25.00

2019 JAN 25 AM 9:24  
SECRETARY OF STATE  
SARAH L. HASSER  
TOLSON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROLINC, 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:

Marjorie Nemzura

Name of Person

Fidelity National

Firm/Company

10 South LaSalle Street Suite 3100

Address

Chicago IL 60603

City/State and Zip Code

nemzuram@ctt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marjorie Nemzura 312 223-4552  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2019 JAN 25 AM 9:24  
RECEIVED  
CORPORATION  
TALLAHASSEE, FLORIDA

2018-JAN-25 AM 9:24  
SECRET  
FALLAHIA S E E C R E T

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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>	<u>Type of Action</u>
MGR	Richard L. Cox	1701 Village Center Circle	<input type="checkbox"/> Add
		Las Vegas NV 89134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Douglas Leugers	1341 Capital Circle, Suite C	<input checked="" type="checkbox"/> Add
		Marietta GA 30067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Alvaro Erize	1341 Capital Circle, Suite C	<input checked="" type="checkbox"/> Add
		Marietta GA 30067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SVP/IT	Daniel K Murphy	601 Riverside Avenue	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
EVP	Richard L. Cox	1701 Village Center Circle	<input checked="" type="checkbox"/> Add
		Las Vegas NV 89134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


[illegible]

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

January 23, 2019



Signature of a member or authorized representative of a member

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**Filing Fee: \$25.00**