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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Pro Action Remodel and Restoration 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:
Roberto A. Sarabia
Pro Action Remodel and Restoration LLC Firm/Company
3212 Sorrel Ct Address
Dellona, Florida 32725 City/State and Zip Code
YSarabia 28@ amoil. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Johnny Moncayo at (954) 397-1797  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} \text{ \$\text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{ \$\text{\$\text{Certified Copy (additional copy is enclosed)}} \text{ \$\text{\$\text{\$\text{\$Certified Copy (additional copy is enclosed)}}}  \$\text{\$\$\text{\$

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

Pro Action Kemode	el and Kestoration LLC		
( <u>Name of the Limited Lia</u> (A Fig	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabilit	ty Company were filed on Apr:\ 01, 2019	and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the Pro Action Cleaning The new name must be distinguishable and contain the words.	ng LLC	abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET AL	DDRESS)		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2		- 
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, ente	SE 2015 the name of the r	new
Name of New Registered Agent:	; ; ;	12 <b>H</b> 9	-
New Registered Office Address:	Enter Florida street address	9 9	-
_	, Florida,	ン * 	_
	City	Zin Codo	-

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 Title Name **Address** Type of Action AMBR Johnny Moncayo 3212 Sorrel C+ MADE Deltona, FL 32725 ☐ Remove □ Change □ Add □ Remove \_□ Change □ Remove \_\_\_\_\_ Change \_□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove □ Change

ir am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
If an e Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier one 90th day after the record is filed.
Dated	November 4th 2019
	Resource
	Signature of a member or authorized representative of a member
	Roberto A. Sarabia

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Filing Fee: \$25.00