## L19000126807

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## **COVER LETTER**

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SUBJEC		. Pro Broke				
() []	···		Name of Lim	ited Liability Company		<del></del>
			mendment and fee(s) are sub			
			Jason M Sirounis			
				Name of Person	•	···
			FL Pro Brokers, LLC			
				Firm/Company		
	618 E. South Street Suite 500					
				Address		
			Orlando, FL 3280			
			jason@flprobrokers.com	City/State and Zip Code	· · ·	
				to be used for future annual	report notification)	
For furth	er infor	mation con	cerning this matter, please co	all:		
Jason Sii	rounis			407 415	5-27-47	
		Name of P	erson		Daytime Teleph	one Number
Enclosed	l is a cho	eck for the	following amount:			
<b>■</b> \$25.	00 Filin	g Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy cadditional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FL Pro Brokers, LLC

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(Name of the Lin	tited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Florida document number 1.19000126807	Liability Company	y were filed on <u>05/09/2019</u>	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lial	bility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "	'ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	618 E SOUTH ST #500, O	DRLANDO, FL 32801
(Principal office address MUST BE A STRE	ET ADDRESS)		
,			··
Enter new mailing address, if applicable:		618 E SOUTH ST #500, O	ORLANDO, FL 32801
Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, <u>en</u>	nter the name of the new regis
Name of New Registered Agent:	Jason M Sirou	nis	
New Registered Office Address:	618 E SOUTH ST #500		
		Enter Florida street aa	
	Orlando		, Florida 32801
		City	Zip 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

Address only

• 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>	2010 AUR 10 PM 34 09 Address	Type of Action
MGRM	Jason M Sirounis	618 E SOUTH ST #500, ORLANDO, FL 32801	Addres Change
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an effective date is list ote: If the date ins	ed, the date must be specifi	c and cannot be prior to date not meet the applicable st	of filing or more than 90 days after filing.) atutory filing requirements, this date v	Pursuant to 605,0207 (3) will not be listed as the
record specifies a do Lis filed.	elayed effective date, but	t not an effective time, at	12:01 a.m. on the earlier of: (b) The	90th day after the
ated <u>Ang</u>	10	2020		
aled/				
	- In	n Kem	·	
	Signature	of a member or authorized	epresentative of a member	
	Jason	M Sirouris		
	Justin	· · UIIBUM)		

Filing Fee: \$25.00