

L19 000200500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

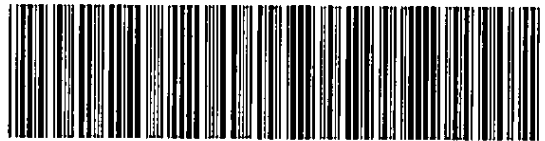
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800373647108

09/24/21--01014--017 **60.00

FILED
2021 SEP 24 AM 7:32
TALLAHASSEE, FL

D PRUCE
OCT 02 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROLINE 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:

JOSE R. ECHEVARRIA
Name of Person
PROLINE LLC
Firm/Company
16150 LEE RD. UNIT 180
Address
FORT MYERS, FL 33912
City/State and Zip Code
JOE @ PROLINE LLC, US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE ECHEVARRIA at (239) 440-6044
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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

FILED

2021 SEP 24 AM 7:32

TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PROLINE 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 08-06-2019 and assigned Florida document number L 19000200500.

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:

Name of New Registered Agent:

JUDITH ECHEVARRIA

New Registered Office Address:

16150 LEE RD. UNIT 180

Enter Florida street address

FORT MYERS

City

Florida

33912

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

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	JOSE R. ECHEVARIA	21301 S. TAMIAHI TRAIL 320-200	<input type="checkbox"/> Add
-----	-------------------	--------------------------------	------------------------------

		ESTERO, FL 33928	<input checked="" type="checkbox"/> Remove
--	--	------------------	--

			<input type="checkbox"/> Change
--	--	--	---------------------------------

MGR	JUDITH ECHEVARIA	16150 LEE RD. UNIT 180	<input checked="" type="checkbox"/> Add
-----	------------------	------------------------	---

		FORT MYERS, FL 33912	<input type="checkbox"/> Remove
--	--	----------------------	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

SEP 21 2004
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/11/04 BY 60322
UCBAW/STP/STP

2021 SEP 24 AM 7:32
SALT LAKE CITY, UT
SALT LAKE CITY, UT

2021 SEP 24 AM 7:32
SOCIETY OF THE
FALL ARREST J.F.H.

77
76
75
74
73

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 09-20, 2021.

JOSE R. FENEVARIN

Typed or printed name of signee