119000 270 065

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

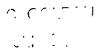
Office Use Only



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COVER LETTER

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TO:

Registration Section Division of Corporations

Registration Section

P.O. Box 6327

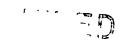
Division of Corporations

Tallahassee, FL 32314

SUBJECT.	MANAGEMENT PRO	O, LLC	
SUBJECT:	Name of Limi	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:	
	Jan	O Jimenez Ala	ancon_
	Firm/Company 7441 WAYNE AVE, 14D Address MIAMI BEACH, FL 33141 City/State and Zip Code MANAGEMENTPROO@GMAIL.COM E-mail address: (to be used for future annual report notification) ion concerning this matter, please call: 18ENEZ ALARCON 786 832-1549		
	/-	141 WAYNE AVE, 14D	
	•••	Address	
	λ.	IIAMI BEACH, FL 33141	
			 -
			titizetian)
For firsthur information o			ancanon)
	•		
	of Person	at () Area Code Daytii	me 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COUF	RIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 DFD - 2 PM 4: 57

	VI PROO, LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears ed Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability Compa lorida document number <u>L19000270085</u>	ny were filed on	10/29/2019	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Limited Li-	ability Company," the de-	signation "LLC" or the a	bbreviation "L.L.C."
nter 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)			
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		our records, <u>enter</u>	the name of the
Name of New Registered Agent:		···-	
New Registered Office Address:	Enter Florid	la street address	
		. Florida	
	City	I WIIGA	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>	Address	Type of Action
MGR	GERLEY A AGUDELO	1250 MIAMI RD, APT 2	
		FORT LAUDERDALE, FL 33316	■ Remove
			Change
MGR	JAIRO JIMENEZ ALARCON	7441 WAYNE AVE, #14D	■ Add
		MIAMI BEACH, FL 33141	Remove
			☐ Change
			
			□ Remove
			Change
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		·	Remove
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ective da	ate, if other than the date of date is listed, the date must be spec-	f filing:		(optional)	
i effective te: If the	date is listed, the date must be spe- date inserted in this block doe	erfic and cannot be prior es not meet the applic	to date of filing or more table statutory filing re	nan 90 days after filing.) Pur quirements, this date will	not be listed
	effective date on the Departmo				
	specifies a delayed effect In day after the record is		ot an effective time	e, at 12:01 a.m. on t	he earlier
500.	, adj dita tila rassia is				
ted	NOVEMBER 18	2019			
		<u></u>			
		A		member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00