

L20 0000 19208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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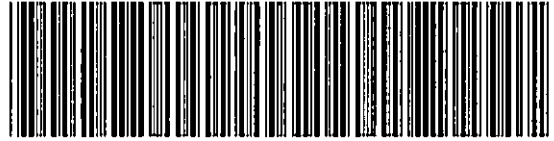
(Business Entity Name)

(Document Number)

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05/13/21--01015--026 **25.00

6/18/21
ETA

05/13/21 10:50
05/13/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROLA SERVICES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS R. CALDERON

Name of Person

BELAIR ACCOUNTING SERVICES, INC.

Firm/Company

1627 E. VINE STREET, SUITE 110

Address

KISSIMMEE, FL 34744

City/State and Zip Code

ADLUSH@AOL.COM

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

For further information concerning this matter, please call:

LUIS R. CALDERON

407 944-9262
at ()

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

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

PROLA SERVICES 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 01/30/2020 and assigned
Florida document number 120000019208.

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:

14601 BRIGHTWELL CT

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32824

Enter new mailing address, if applicable:

14601 BRIGHTWELL CT

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32824

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

FILED
JAN 30 2020
11:10:50
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DALLAS, TEXAS

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

10/10/50

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 05/05/2021 (optional)

(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.

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.

Dated MAY 05 2021

Lehi R.

Signature of a member or authorized representative of a member

LESLIE PROANO

Typed or printed name of signee

7:10:50

Detail by Entity Name

Florida Limited Liability Company
PROLA SERVICES LLC

Filing Information

Document Number L20000019208
FEI/EIN Number 84-4697971
Date Filed 01/13/2020
Effective Date 01/11/2020
State FL
Status ACTIVE
Last Event LC AMENDMENT
Event Date Filed 11/05/2020
Event Effective Date NONE

Principal Address

4275 NEPTUNE RD
SAINT CLOUD, FL 34769

14601 BRIGHTWELL CT
ORLANDO, FL 32824

Changed: 04/30/2021

Mailing Address

14601 BRIGHTWELL COURT
ORLANDO, FL 32824

Registered Agent Name & Address

PROANO, LESLIE
14601 BRIGTWELL CT
ORLANDO, FL 32824

Authorized Person(s) Detail**Name & Address**

Title AMBR

PROANO, LESLIE
14601 BRIGHTWELL COURT
ORLANDO, FL 32824

Annual Reports

Report Year	Filed Date
2021	04/30/2021

Document Images

04/30/2021 -- ANNUAL REPORT View image in PDF format

11/05/2020 -- LC Amendment View image in PDF format

01/13/2020 -- Florida Limited Liability View image in PDF format

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