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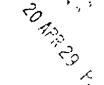
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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: PRO	ACT MA	NAGEME	ENT LK	
	Name of Lim	ited Liability Company		10 to 200
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		(C)
Please return all correspor	dence concerning this matter	to the following:		
	Guillerma	Bonini Name of Person		
			EMENT CLC	
	20301	GRANDE	DAK SHOPPES	BLUD
	ESTER	RO FL City/State and Zip Code	33928 e ahoo. com al report notification)	
	Sooning Standards: (	o be used for future armua	ahoo, com	
For further information co	ncerning this matter, please c			
	Bonini		896-8740	
Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Statu	
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Regist Division The Co 2415 N	Address: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	
Registration S Division of Co P.O. Box 6323	ection orporations 7	Regist Division The Co 2415 N	ration Section on of Corporations entre of Tallahassee	

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROACT MANAGEMENT LLC



Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on  $\frac{Z(1Z/2020)}{Z(1Z/2020)}$  and assigned Florida document number 220000050102 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 "L.L.C." 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 regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	KARINA J. LEPOSA	20301 Grande Oak Shoppe BLVd. Ste 11867. Estero FL	<u>15 X</u> Add 3392B
		,	□Remove
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