L20000067296

| (Re | questor's Name) | |
|-------------------------|----------------------|----------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| <i>(, ,</i> , , | u. 000) | |
| | | |
| (Cit | y/State/Zip/Phone #) | |
| | | — |
| ☐ PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Name) | |
| (- · | ,, | |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificates of | Status |
| | | |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | 120 |
| | | 0/2, |
| | | |

Office Use Only



300353237883

300953237883 07/09/20--01014--015 **\$0.00

PILED

MO SEP 30 A 9-49

LLC NC & Almend

> OCT 2 7 2020 D CCANSLL



September 21, 2020

GENTRY PROS LLC 2255 NE DIXIE HWY APT 1 JENSEN BEACH, FL 34957

SUBJECT: GENTRY PROS LLC Ref. Number: L20000067296

We have received your document for GENTRY PROS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

AMENDMENTS FOR LIMITED LIABILITY COMPANY ARE FILED IN COMPLIANCE WITH SECTION 605.0202, FLORIDA STATUTES. PLEASE SEE THE ENCLOSED INFORMATION.

We are enclosing the proper form(s) with instructions for your convenience.

There is a fee of \$25.00 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 620A00018022

Darlene Connell
Regulatory Specialist II Supervisor

www.sunbiz.org



September 8, 2020

GENTRY PROS LLC 2255 NE DIXIE HWY APT 1 JENSEN BEACH, FL 34957

SUBJECT: GENTRY PROS LLC Ref. Number: L20000067296

Thank you for your correspondence of , which has been forwarded to me for response.

It is unclear if you are wanting to amend an "LLC" changing the LLC name or file a separate fictitious name. Contact the Amendment section at 850-245-6050 then press 0 for Amendment instructions or questions.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Letter Number: 820A00017109

Tanya L Moore Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Registration Section Division of Corporations

O:

| UBJECT: | Gentry Pros LLC | | | | |
|-----------------------------|---|--|---|--|--|
| UBJEC1: | | ited Liability Company | <u>-</u> | | |
| he enclosed Articles (| of Amendment and fee(s) are sub | mitted for filing. | | | |
| lease return all corres | pondence concerning this matter | to the following: | | | |
| · · | Romaine Forrest | | | | |
| | | Name of Person | | | |
| | | | | | |
| | | Firm/Company | | | |
| | 2255 1 | NE Dixie HWY A | PT I | | |
| | Same of Person Gentry Pros LLC Firm/Company | | | | |
| | Jensen | | 4957 | | |
| | Ganu | · · · · · · · · · · · · · · · · · · · | Lcom | | |
| | E-mail address: (| to be used for future annual report noti | fication) | | |
| for further information | concerning this matter, please c | all: | | | |
| | | | 037 | | |
| Name | e of Person | Area Code Daytim | e Telephone Number | | |
| Enclosed is a check for | r the following amount: | | | | |
| ☆ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy | | |
| Division of P.O. Box 6 | n Section Corporations 327 | Registration Se Division of Cor The Centre of T 2415 N. Monro | porations Tallahassee e Street, Suite 810 | | |

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

| Gentry | Pros | LLC |
|------------|------|-----|
| ——— | | |

| ARTICLES OF | | |
|---|---|---|
| Te | | , B |
| ARTICLES OF O | | ~ |
| О | F | F// ~. |
| Gentry P | rosIIC | r records.). SEP 30 A 9 49. |
| | | r records.) |
| (Name of the Limited Liability Compa (A Florida Limited I | | 4 g, |
| he Articles of Organization for this Limited Liability Company L 2000067296 | $_{\rm cr} = 03/0$ | 02/2020 355 Line - 49 |
| the Articles of Organization for this Limited Liability Company 1.2000067296 | were med on | <u> </u> |
| orida document number L2000067296 | | TMA |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | ility company here: | |
| . If amending name, enter the new name of the minited har | | Genuine Pros LLC |
| ne new name must be distinguishable and contain the words "Limited Liabil | tin: Company " the designati | on "LLC" or the abbreviation "LLC" |
| te new name must be distinguishable and contain the words. Entired Education | ncy company, the designation | |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | <u></u> | |
| | | |
| nter new mailing address, if applicable: | 2255 NE Dix | kie HWY APT I |
| | Jensen Beac | h Florida 34957 |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| . If amending the registered agent and/or registered office : | address on our records | enter the name of the new register |
| gent and/or the new registered office address here: | address on our records | enter the name of the nove og. |
| | | |
| Name of New Registered Agent: | | |
| Istatic of New Negaticles Agent. | <u> </u> | |
| New Registered Office Address: | Enter Florida stre | ut addruse |
| | Enter Paoriaa sire | er auaress |
| | | Florida Zip Code |
| | City | хір Сойе |
| ew Registered Agent's Signature, if changing Registered Agent: | <u>;</u> | |
| hereby accept the appointment as registered agent and agr | ree to act in this capaci | ity. I further agree to comply with th |
| rovisions of all statutes relative to the proper and complete | performance of my du | aties, and I am familiar with and |
| ccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office | provided for in Chapte 2 addraes - Lharahy con | er 605, F.S. Or, IJ this accument is firm that the limited liability |
| armo maro in maren, reneca a cabilly in the the the treather a contra | - aaartos, 1 1101 CU1 CU11 | Fer 200 171541 4240 4457441054 11642/4411) |
| ompany has been notified in writing of this change. | | , |

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AGR = Manager AMBR = Authorized Member

| <u>l'itle</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|---------------|-------------|----------------|----------------|
| | | | |
| | | | □Remove |
| | | | ☐ Change |
| | | | ⊡Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | ☐ Change |
| | | | |
| | | | □Remove |
| | | | □ Change |
| | | | □ Add |
| | | | □Remove |
| | | | |
| | | | |
| | | | □Remove |
| | • | | □Change |

| 1enc | ding any other information, e | nter change(s) here: (| улист авашопасы | weis, ij necessar <u>y</u> .) | |
|----------------|---|---|---|--|--------------------------------|
| | | | | | |
| | | | | • | - |
| _ | | | | | |
| | | <u> </u> | | <u> </u> | - |
| _ | | | | | |
| | | | | | <u> </u> |
| | | | | | |
| | | | | | |
| | | _ | | | |
| | | - | | | |
| | | | | | |
| | | <u> </u> | | | |
| | | <u> </u> | | | |
| _ | | | | | |
| _ | | | | | <u>.</u> |
| | | | | | |
| | | | | | |
| :ffec :: 1f | e date, if other than the date tive date is listed, the date must be sp the date inserted in this block don's effective date on the Departn | ecific and cannot be prior to les not meet the applicabl | date of filing or more that le statutory filing requ | (optional) n 90 days after filing.) Pursuar drements, this date will not | nt to 605.0207 be listed as |
| ord : filed | specifies a delayed effective date d. | but not an effective time | e, at 12:01 a.m. on the | earlier of: (b) The 90th d | ay after the |
| d | Septemer 16 | | | | |
| | | <u>2020</u> R. J | | | |
| | Signal | ure of a member or authoriz | · . | nember | |
| | | Romaine F | Forrest | | |
| | <u> </u> | Typed or printed: | | | |

Э.

Filing Fee: \$25.00