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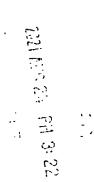
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

то:	Registration Se Division of Cor			
	ThePro, LL	.C		
SUBJEC	CT:		ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Felipe S Ricci Rospigliosi		
			Name of Person	
		ThePro, LLC		
			Firm/Company	
		3300 NE 191 ST # 12	04	
			Address	
		AVENTURA 33180		
		felipe@giveandtake.org.pc	City/State and Zip Code	
			to be used for future annual report no	otification)
For furth	ner information o	concerning this matter, please of	all:	
Jorge Nemi		954 793-0630		
	Name o	of Person	at () Area Code Dayti	ime Telephone Number
Enclosed	d is a check for th	he following amount:		
□ \$ 25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration S		Registration S Division of Co	
	Division of C P.O. Box 632		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THEPRO, LLC		
(Name of the Limited Liability Comp (A Florida Limited	rany as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
orida document number 1.20000077240		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	bility company here:	
VE AND TAKE, LLC		
new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC" or the a	obreviation "L.L.C."
ter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		<u>-</u>
and the state of t		
If amending the registered agent and/or registered office	address on our records, enter the nan	ne of t <u>he</u> new register
ent and/or the new registered office address here:		
		Sur-
Name of New Registered Agent:		.3 .8
	·	70
New Registered Office Address:	Enter Florida street address	
		3: 22
	, 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 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	GONZALO MOREY	399 Edgebrook Dr. Spring Creek, NV 89815	≘ Add
			□Remove
			□Change
			🗀 Add
			DRemove
			□Change
			①Add
			□Remove
			□Add
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ffective date, if other than an effective date is listed, the date	the date of filit must be specific ar	ng: nd cannot be prio	r to date of filing o	(op r more than 90 days at	otional) Rer filing.) Pursuant to 605.	0207
lote: If the date inserted in th	is block does not	meet the applic	cable statutory fi	iling requirements,	this date will not be liste	d as
ocument's effective date on th	ie Department of	State's records	i.			
	and a day to a	-		4bli6	(L) 7% - 00% day - 0	ماه
record specifies a delayed effor I is filed.	ctive date, out no	ot an enective t	me, at 12.01 a.	ii. on the earlier of.	(b) The 90th day after	the
		202 i				
Thursday 5th of August		_ ,				
Thursday 5th of August			. ~			
Thursday 5th of August	\rightarrow	2		,		
Thursday 5th of August	\rightarrow	a member or auth	norized representat	ive of a member		

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