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(Reques	stor's Name)	
(Addres	s)	
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(City/Sta	ate/Zip/Phone #)	,
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions to Filing	g Officer:	





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08/24/20--01033--005 **25.00

2020 AUG 24 AM 8: 21 SECRETARY OF STATE



COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: BIZPROS I		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:	
	LEANDRO LUCINI		
		Name of Person	
	BIZPROS FL LLC		
		Firm/Company	
	5896 NW JOAN CT		
		Address	
	PORT SAINT LUCIE, FL	34896	
		City/State and Zip Code	
	RIGHTPRICEREMODEL@		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
LEO LUCINI		954 599-0410	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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)
<u>Mailing Addres</u> Registration ! Division of C	Section	<u>Street Address:</u> Registration So Division of Co	
P.O. Box 632	-	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BIZPROS FL LLC

2020 AUG 24 AM 8: 21

(Name of the Limit	ed Liability Compa	iny as it now appears Liability Company)	on our records.)
	(70 Fioration 12)	company)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Li	ability Company	were filed on $\frac{04/2}{}$	0/2020 and assigned
Florida document number 1.20000107452			
This amendment is submitted to amend the follo			
A. If amending name, enter the new name of	the limited liab	oility company her	<u>e</u> :
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the de	signation "LLC" or the abbreviation "L.L.C."
_			CIE WEST BLVD #251
Enter new principal offices address, if applic			JCIE, FL 34986-2196
(Principal office address MUST BE A STREE	T ADDRESS)	-	5017.115 34780-2170
		1391 NW ST LU	CIE WEST BLVD #251
Enter new mailing address, if applicable:		PORT SAINT LUCIE, FL 34986-2196	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	10001370171130	7017,117,247,00-2170
B. If amending the registered agent and/or r agent and/or the new registered office addre	0	address on our re	cords, <u>enter the name of the new registers</u>
Name of New Registered Agent:	JELENA LUC	INI	
New Registered Office Address:	1391 NW ST I	JUCIE WEST BLVI) #251
	Enter Florida street address		da street address
	PORT SAINT	LUCIE	, Florida 34986-2196
		City	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:	<u>:</u>	

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>	Name	Address	Type of Action
MGR	BIZ PROS LLC	810 PONY EXPRESS RD	
		CHEYENNE, WY 82009	Remove
			□Change
MGR	LEANDRO LUCINI	1391 NW ST LUCIE WEST BLVD #251	■Add
		PORT SAINT LUCIE, FL 34986-2196	□Remove
			□Change
MGR	JELENA LUCINI	1391 NW ST LUCIE BLVD #251	■Add
		PORT SAINT LUCIE, FL 34986-2196	□Remove
			□Change
			□Add
			🗆 Remove
			Change
			□Add
			Remove
			☐ Change
			□ Add
			□Remove
			□Change

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Signature of a member or authorized representative of a member		Signature of a member or authorized i	representative of a member	
		Typed or printed name	ne of signee	
LEANDRO LUCINI Typed or printed name of signce				