

L20000107452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

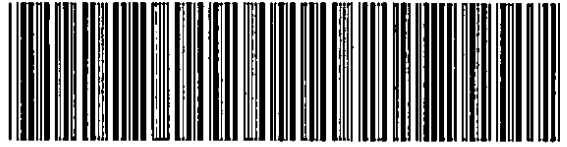
(Business Entity Name)

(Document Number)

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2020 AUG 24 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

10/7/20
CM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIZPROS FL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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@GMAIL.COM

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

For further information concerning this matter, please call:

LEO LUCINI 954 599-0410

Name of Person at () 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

FILED

BIZPROS FL LLC

2020 AUG 24 AM 8:21

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/20/2020 and assigned
Florida document number L20000107452.

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:

1391 NW ST LUCIE WEST BLVD #251

(Principal office address MUST BE A STREET ADDRESS)

PORT SAINT LUCIE, FL 34986-2196

Enter new mailing address, if applicable:

1391 NW ST LUCIE WEST BLVD #251

(Mailing address MAY BE A POST OFFICE BOX)

PORT SAINT LUCIE, FL 34986-2196

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:

JELENA LUCINI

New Registered Office Address:

1391 NW ST LUCIE WEST BLVD #251

Enter Florida street address

PORT SAINT LUCIE

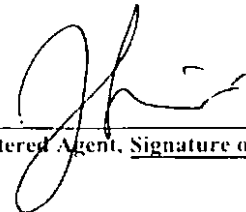
City

Florida 34986-2196

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

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>
MGR	BIZ PROS LLC	810 PONY EXPRESS RD	<input type="checkbox"/> Add
		CHEYENNE, WY 82009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEANDRO LUCINI	1391 NW ST LUCIE WEST BLVD #251	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34986-2196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JELENA LUCINI	1391 NW ST LUCIE BLVD #251	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34986-2196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 06/20/2020 (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 AUGUST 19 2020



Signature of a member or authorized representative of a member

LEANDRO LUCINI

Typed or printed name of signee