120000132112

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(City/State/Zip/Phone #)	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
SUBJECT.	PRO CONS	SULTING GROUP LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing	
			_	
Please return	all correspo	ndence concerning this matter	to the following:	
		DAVID WAYNE SCHAT	Z	
			Name of Person	
		PRO CONSULTING GRO	OUP LLC	
			Firm/Company	
		1004 SW 7TH ST		
			Address	
		FORT LAUDERDALE, F	L 33315	
			City/State and Zip Code	
		dschatz@proconsultinggrou	=	
		E-mail address: (to be used for future annual report	notification)
For further in	formation co	oncerning this matter, please c	all:	
DAVID WA	YNE SCHA	TZ	954 9803826 at ()	
	Name of	Person		ytime Telephone Number
Enclosed is a	check for th	e following amount:		
≡ \$25.00 F	iling 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)
	ling Address		Street Address	
_	gistration S sision of C	orporations	Registration Division of (Section Corporations
	Box 632			of Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRO CONSULTING GROUP LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/15/2020 and assigned Florida document number <u>L20000132112</u> 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ___

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
AMBR	SCHATZ, DAVID	1125 PROMONTORY DR.	
		MARIETTA, GA 30062	≣Remove
			□Change
			□Add
			Remove
			Change
			Remove
			□ Change
			□Add
			□Remove
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			Change
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Effective date, if other than t If an effective date is listed, the date in Note: It the date inserted in this document's effective date on the	nust be specific block does ne	and cannot be pot meet the ap	plicable statui	iling or more that tory filing requ	(option n 90 days after fi irements, this d	ling.) Pursuant to	605.0207 (listed as tl
e record specifies a delayed effec rd is filed.	iive date, but	not an effectiv	ve time, at 12:	01 a.m. on the	earlier of: (b)	The 90th day a	ifter the
10/08 Dated		2020					
>		f.					
	\ //	/////					