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COVER LETTER

TO: Registration Section Division of Corporations

AF PRO LLC

SUBJECT: _____

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:

	Andrew Rosario		
	Name of Person		
	AF PRO LLC		
		Firm/Company	
	6340 Forest Hill BLVD		
		Address	<u></u>
	Greenacres FL 33415		
	andyfadepro@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
Andrew Rosario		561 4520013	
Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	ET \$30.00 Filing Fee & Certificate of Status	 S55.00 Filing Fee & Certified Copy taddmonal copy is enclosed) 	C \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy (s enclosed)
Mailing Address Registration S		<u>Street Address;</u> Rogistration Soc	

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

AF PRO LLC

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

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 "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

	2020 D
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

	<u> </u>	Florida
New Registered Office Address:	Enter Florida sirvet ada	lress
Name of New Registered Agent:		

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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
p	Andrew Rosario		ElAdd
		6340 Forest Hill Blvd Greenacres FL 33415	
			🗆 Change
Ambr	Andrew Rosario	2295 Curley Cut West Palm Beach FL 33411	Add 🗐
			🖸 Remove
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			🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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9/3/2020 date, if other than the date of filing:	(optional)

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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.

Dec 7	2020	
Dated	· · · · · · · · · · · · · · · · · · ·	
Ad		
	Signature of a member or authorized representative of a member	
Andrew Rosario		
	Ty part or related may a find the	·····