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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

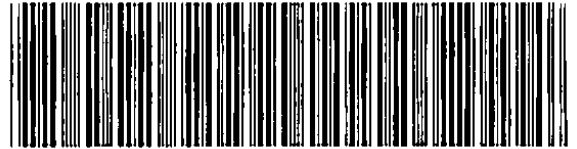
(Business Entity Name)

(Document Number)

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2021 SEP -2 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09/14/2021  
JH

TO: Registration Section  
Division of Corporations

SUBJECT: Pro 31 Real Estate 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:

Beth Angela Welker  
Name of Person

Pro 31 Real Estate LLC  
Firm/Company

2000 S. Ocean Dr #1602  
Address

Fort Lauderdale, FL 33316  
City/State and Zip Code

BethAngela@BethAngela.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Angela Welker at (954) 205-3552  
Name of Person 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

TO  
ARTICLES OF ORGANIZATION  
OF

FILED

Pro 31 Real Estate LLC

2021 SEP -2 PM 2:21

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

CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/02/21 and assigned  
Florida document number L21000153343

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 "LL."

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*

Florida

*City*

*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**

• or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
<del>Officer</del> Director	Beth Angela Walker	2000 S. Ocean Dr #1602 Fort Lauderdale, FL 33316	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remo
Manager/ Member	Beth Angela Walker	2000 S. Ocean Dr #1602 Fort Lauderdale, FL 33316	<input type="checkbox"/> Chan <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remo
Designated? Qualifying Broker	Beth Angela Walker	2000 S. Ocean Dr #1602 Fort Lauderdale, FL 33316	<input type="checkbox"/> Chan <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remo
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

My purpose with this amendment is to make sure I am designated as the qualifying broker. Please see attached letter from the DPPR instructing me to register with Sunbiz as such.

Thank you!  
Beth Angela

E. Effective date, if other than the date of filing: 8-30-2021 (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.

**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 record is filed.

Dated 8-30-2021

Beth Angela Welker

Signature of a member or authorized representative of a member

Beth Angela Welker

Typed or printed name of signee