

L21 000 234 777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

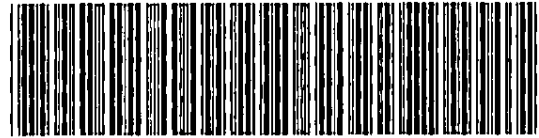
(Document Number)

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S.C.
08/02/21



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07/13/21--01023--026 **60.00

13 AUG 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Southern Pressure Pros, 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:

Jonathan Marti

Name of Person

Southern Pressure Pros, LLC

Firm/Company

6900 Southgate Blvd #108

Address

Tamarc FL 33321

City/State and Zip Code

martisway94@gmail.com

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

For further information concerning this matter, please call:

Jonathan Marti

561
at ()

494-4252

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

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> |
|--------------|----------------------|---------------------------------|--------------------------------------------|
| CFO | BARTHOLOMEW, MICHAEL | 7905 NW 72 AVETAMARAC, FL 33321 | <input type="checkbox"/> Add |
| | | -50% Ownership | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| CEO | Marti,Jonathan | 6900 SOUTHGATE BLVD APT #108 | <input checked="" type="checkbox"/> Add |
| | | TAMARAC, FL 33321 | <input type="checkbox"/> Remove |
| | | 100% Ownership | <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 |
| | | | <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.)*

Jonathan Marti has 100% ownership and Michael is no longer apart of company.

E. Effective date, if other than the date of filing: 7/12/2021 (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 605.0207 (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 7/12/21 11 11 11

Signature of a member or authorized representative of a member

Jonathan Marti

Typed or printed name of signee

Filing Fee: \$25.00