

8/20/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000313680 3)))



H210003136803ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : RC TAX SERVICE LLC
Account Number : I20140000083
Phone : (407)932-0040
Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PROMETEUS EXPERT LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

2021 AUG 20 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2021 AUG 20 PM 2:11
TALLAHASSEE, FLORIDA

9/23/21
RS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROMETEUS EXPERT 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:

MARIA ALEJANDRA SALAS

Name of Person

PROMETEUS EXPERT LLC

Firm/Company

1305 MAJESTY TERRACE

Address

WESTON, FL 33327

City/State and Zip Code

PROMETEUS.EXPERT@GMAIL.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 AUG 20 AM 9:34

FILED

For further information concerning this matter, please call:

MARIA ALEJANDRA SALAS

305 587 1190
at ()

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROMETBUS EXPERT 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 07/13/2021 and assigned
Florida document number L21000319654

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:

(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

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>
AMBR	CLAUDIA LORENA ACOSTA	12638 BELTINGLE, CT	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NICOLAS SALAZAR	1305 MAJESTY TERRACE	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SEBASTIAN SALAZAR	1305 MAJESTY TERRACE	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GLORIA JARAMILLO	1305 MAJESTY TERRACE	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ERNESTO SALAZAR JR	1305 MAJESTY TERRACE	<input type="checkbox"/> Add
		WESTON, FL 33327	<input checked="" 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: _____ (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 17, 2021.

Maria Salas
 Signature of a member or authorized representative of a member

MARIA ALEJANDRA SALAS

Typed or printed name of signee

FILED
 2021 AUG 20 AM 9:34
 SECRETARY OF STATE
 ALABAMA