

L21000325305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

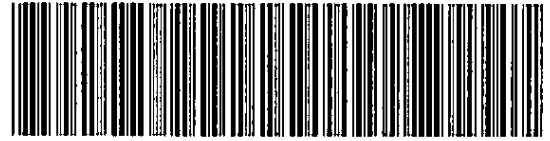
(Document Number)

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** A-1 PRO MANAGEMENT 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:

Simpson St Louis

\_\_\_\_\_  
Name of Person

D. MOLI HOLDINGS LLC

\_\_\_\_\_  
Firm/Company

8815 Conroy Windemere Rd Apt 568

\_\_\_\_\_  
Address

Orlando FL, 32835

\_\_\_\_\_  
City/State and Zip Code

st.louis954@outlook.com

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

For further information concerning this matter, please call:

Simpson St Louis

407 272-3713

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**

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A-1 PRO MANAGEMENT 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 07/16/2021 and assigned Florida document number L21000325305.

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Simpson St Louis	8815 Conroy Windemere Rd Apt 568	<input type="checkbox"/> Add
		Orlando, Fl 32835	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	D. MOLI HOLDINGS LLC	4530 S Orange Blossom Trail #762	<input checked="" type="checkbox"/> Add
		Orlando, Fl 32839	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

ARTICLE VI. A-1 PRO MANAGEMENT LLC is a subsidiary of D. MOLI HOLDINGS LLC.

A-1 PRO MANAGEMENT LLC is organized by D. MOLI HOLDINGS LLC. A-1 PRO MANAGEMENT LLC will operate lawfully and perpetually in the State of Florida. A-1 PRO MANAGEMENT LLC is a real estate property management company. A-1 PRO MANAGEMENT LLC is authorized by D. MOLI HOLDINGS LLC to act as the property management arm of parent company D. MOLI HOLDINGS LLC. A-1 PRO MANAGEMENT LLC is managed by Simpson St Louis. Simpson St Louis is vested with power to make all business decisions (strategic/financial) for A-1 PRO MANAGEMENT LLC. A-1 PRO MANAGEMENT LLC can be dissolved or sold by Simpson St Louis on the behalf of D. MOLI HOLDINGS LLC. Simpson St Louis is indemnified against any legal proceedings/damages incurred by A-1 PRO MANAGEMENT LLC in the operation of the business. A-1 PRO MANAGEMENT LLC acts as a child/subsidiary company of D. MOLI HOLDINGS LLC. All revenue and expenses generated by A-1 PRO MANAGEMENT LLC will pass through to its parent company D. MOLI HOLDINGS LLC.

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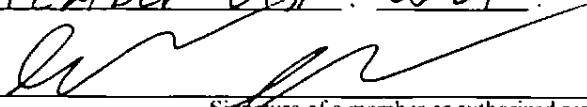
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 September 21st, 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Simpson St Louis

\_\_\_\_\_  
Typed or printed name of signee