## L21000375958

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## **COVER LETTER**

TO: Registration Se Division of Con			•
	& Development	•	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Aron Jones Jr		
		Name of Person	<del></del>
		Firm/Company	<u> </u>
	3226 Stella St.		
		Address	
	Fort Myers FL 33916	City/State and Zip Code	
	prorealtydev@gmail.com E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please co		
Aron Jones Jr		239 745-6919 at ( )	
Name (	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Sc	ection
Division of O P.O. Box 632	Corporations	Division of Co The Centre of	rporations

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro Realty & Development		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000375958	y were filed on August 23, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		64 ACTA 453 468
The paroffice address Most BE A STREET HOWELDS		00
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	*	111
muning numers WAT BE AT OST OFFICE DOM		29
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter th	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Fleri	ida
<del>-</del>	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>	Type of Action
MGR Laverne Jones		3226 Stella St Fort Myers FL 33916	
			□ Change
MGR	Aron Jones Jr.	3226 Stella St Fort Myers FL 33916	
			Remove
			□Change
			<u>°</u> Add
			Add  ☐ Add  ☐ Remove
			Change
			: 29□Add
			□Remove
			□ Change
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			□Remove
			□Change

. 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

Title	<u>Name</u>	Address	Type of Action
MGR	Laverne Jones	3226 Stella St Fort Myers FL 33916	□Add
			Remove
			□Change
MGR	Aron Jones Jr.	3226 Stella St Fort Myers FL 330216 3391	Ag ≣Add
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Effective date if other	than the date o	f filina:		(0	ntional)	
Effective date, if other If an effective date is listed, the state is seen as	he date must be spec	rific and cannot be p	rior to date of filing	or more than 90 days :	ofter filing.) Pursuant to 605.	.0207
Note: If the date inserted document's effective date	on the Departme	nt of State's reco	rds.	ining requirements,	this date will not be liste	.u as
e record specifies a delayerd is filed.	ed effective date, t	but not an effectiv	e time, at 12:01 a	.m. on the earlier of	(b) The 90th day after	: the
Octobrer 4 Dated	_	2021				
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Typed or printed name of signee