

L21000416412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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10/21/21

T.A.S.

2021 OCT 14 AM 8:19
TALLAHASSEE, FL 32307

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRO WAREHOUSE SOLUTIONS 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:

PETER PRICE
Name of Person

PRO WAREHOUSE SOLUTIONS LLC.
Firm/Company

11141 N. LAKEVIEW DR.
Address

PEMBROKE PINES, FLORIDA 33026
City/State and Zip Code

pprice86@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER PRICE at (954) 707 9443
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PRO WAREHOUSE SOLUTIONS 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 SEPTEMBER 21st 2021 and assigned Florida document number L21000416412.

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	PETER PRICE	11141 N. LAKEVIEW DR	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FLORIDA 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2021 OCT 14 AM 8
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-14-2019 BY 60322
UCBAW/BJA

2021 OCT 14 AM 8:10
EAST WINDY
DALLAS TEXAS

(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)

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 11th day of October, 2021

Signature of a member or authorized representative of a member

PETER PRICE

Typed or printed name of signee

Filing Fee: \$25.00