

L21000467714  
 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.**

(((H22000068823 3)))



H220000688233ABC\*

**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 : IDEAS CARVAJAL LLC  
 Account Number : I20220000006  
 Phone : (321)333-5565  
 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  
 THE LEARNING CENTER OF SOUTH PARK LLC**

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

2022 FEB 23 AM 10:16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2022 FEB 23 AM 8:33

APPROVED  
 AND  
 FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE LEARNING CENTER OF SOUTH PARK 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:

SILVIA JULIANA MANTILLA DURAN  
Name of Person  
THE LEARNING CENTER OF SOUTH PARK LLC  
Firm/Company  
11715 CAMDEN PARK DRIVE  
Address  
WINDERMERE, FL 34786  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SILVIA JULIANA MANTILLA DURAN 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)

Mailbox 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**

THE LEARNING CENTER OF SOUTH PARK 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 10/27/2021 and assigned Florida document number L21000467714.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PRO CONSTRUCTION USA LLC

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:

GABRIEL E. PARRA SILVA

New Registered Office Address:

11715 CAMDEN PARK DRIVE

Enter Florida street address

WINDERMERE

Florida

City

34786

Zip Code

APPROVED AND FILED  
2022 FEB 23 AM 8:03  
STATE OF FLORIDA  
TALLAHASSEE

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.*

Gabriel E. Parra Silva

If Changing Registered Agent, Signature of New Registered Agent

is identifying 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	Parra Silva, Gabriel E.	11715 CAMDEN PARK DR	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Arenas Arenas, Alejandro J.	5302 ARBORFIELD CT	<input checked="" type="checkbox"/> Add
		FORT WAYNE, IN 46835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mantilla Duran, Silvia J.	11715 CAMDEN PARK DR	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cuartas, Maria A.	5302 ARBORFIELD CT	<input type="checkbox"/> Add
		FORT WAYNE, IN 46835	<input checked="" 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.)

Multiple horizontal lines for amending information.

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 FEBRUARY 22 2022

Gabriel E. Parra Silva

Signature of a member or authorized representative of a member:

GABRIEL E. PARRA SILVA

Typed or printed name of signee

Filing Fee: \$25.00