L22000114317

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(Address)
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· · ·
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COVER LETTER

TO:

Registration Section

Division of C	Corporations		
CHIP IS COT	Florida Pro LLC		
SUBJECT:	Name of Lin	nited Liability Company	·
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		Lakesha McGee	
		Name of Person	
		Florida Pro LLC	
		Firm/Company	
		8710 Claiborne Court	
		Address	
		Orlando, FL. 32825	
		City/State and Zip Code	
		1floridapro@gmail.con	n
	E-mail address:	(to be used for future annual rep	oort notification)
For further information	on concerning this matter, please	call:	
Lak	kesha McGee	407	515-5697
Nar	ne of Person	at ()	Daytime Telephone Number
Enclosed is a check f	or the following amount:	ŧ	
北 \$25.00 Filing Fe	e S30.00 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)
Division o	on Section of Corporations	Division (on Section of Corporations
P.O. Box Tallahasse	6327 ee. FL 32314	2415 N. N	re of Tallahassee Monroe Street, Suite 810 ec. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

FLORIDA PRO LLC

2022 MAY 13 PH 1: 17

(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appeared Limited Liability Company)	rs on our records.)	TALLAMARCE SINE		
The Articles of Organization for this Limited Liabilit		March 7th, 20			
Florida document numberL22000114317	• •				
This amendment is submitted to amend the following	;				
A. If amending name, enter the new name of the l	imited liability company h	ere:			
The new name must be distinguishable and contain the words "	Limited Liability Company," the	designation "L1.C" or t	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>				
	- 				
B. If amending the registered agent and/or registon agent and/or the new registered office address her		records, <u>enter the</u>	name of the new register		
Name of New Registered Agent:	Ce	Cedric McGee			
-	8710 Claiborne Court				
New Registered Office Address:	Enter Florida street address				
	Orlando	, Florid:	32825		
	City		Zip Code		
New Registered Agent's Signature, if changing Regist	ered Agent:				
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	d complete performance of d agent as provided for in- tered office address, I here	f my duties, and Le Chapter 605, F.S.	am familiar with and Or, if this document is		
	C	aliic McGa	e		
	If Changing Registered A	gent. Signature of Nev	v Registered Agent		

.. amenuing 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>	Address	Type of Action
AMBR	Jorge L. Ramos	2712 KIMBERLY DR.	
		DELTONA, FL	■Remove
		32738	Change
			□Add
			Remove
			□Change
		 	□Add
			□Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet th	e applicable stat	filing or more than utory filing require	(option 00 days after fil ements, this d	al) ing.) Pursu ate will no	ant to 60. of be list	5.0207 ted as
record specifies a delayed effective d is filed.	e date, but not an eff	ective time, at 1	2:01 a.m. on the ed	arlier of: (b)	The 90th	day afte	er the
Pated April 6	202	2					
	1.	bosha McC					
	Signature of a membe		pee .				
	La						