

L220000263321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

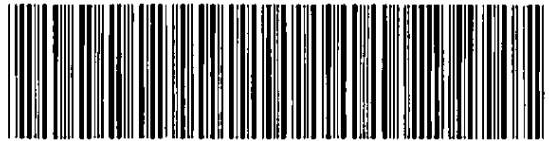
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2023 AUG 24 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FL.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROUD AMERICA 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:

Sonia Becerra

Name of Person

Swyft Filings

Firm/Company

3 Greenway Plaza #1320

Address

Houston, TX 77046

City/State and Zip Code

nazllc@hotmail.com

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

For further information concerning this matter, please call:

Sonia Becerra

Name of Person

at ( 877 )

Area Code

777-0450

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**

**PROUD AMERICA 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 06/08/2022 and assigned

Florida document number L22000263321

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:

1200 FAU Research Park Blvd Suite 337

(Principal office address MUST BE A STREET ADDRESS)

Deerfield Beach, FL 33441

Enter new mailing address, if applicable:

1200 FAU Research Park Blvd Suite 337

(Mailing address MAY BE A POST OFFICE BOX)

Deerfield Beach, FL 33441

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:

Summaira Naz

New Registered Office Address:

1200 FAU Research Park Blvd Suite 337

*Enter Florida street address*

Deerfield Beach

Florida

33441

*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.*

**X**

*Summaira*

If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE  
TALLAHASSEE, FL

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>
<u>MGR</u>	<u>Summaira Naz</u>	<u>1200 FAU Research Park Blvd Suite 337</u>	<input checked="" type="checkbox"/> Add
		<u>Deerfield Beach, FL 33441</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>AMBREEN NAZ</u>	<u>1601-1 N MAIN ST #3159</u>	<input type="checkbox"/> Add
		<u>JACKSONVILLE, FL 32206</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

[illegible]

**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.

Dated Sep 16, 2023

Typed or printed name of signee

**Filing Fee: \$25.00**