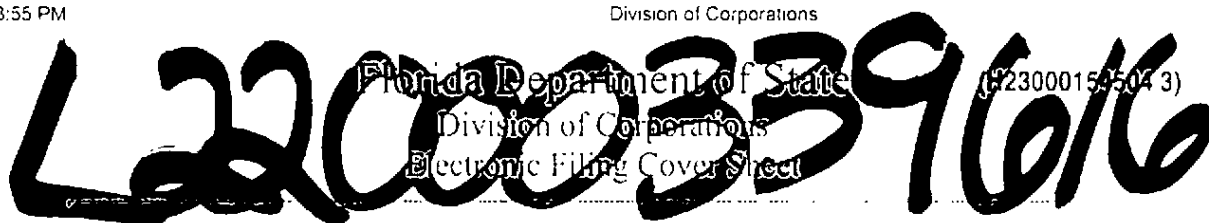


4/25/23, 3:55 PM

Division of Corporations



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.

(((H23000154504 3)))



H230001545043ABCY

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 : F&L ACCOUNTING SERVICES LLC
Account Number : I20170000063
Phone : (786)343-9023
Fax Number : (305)384-4684

Enter the email address for this business entity to be used for future... annual report mailings. Enter only one email address please.

Email Address: monicalopez@flaccountingllc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALLPRO COMPANY LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

2023 APR 26 AM 10:18

2023 APR 26 AM 11:50

T. LEMIEUX

APR 27 2023

COVER LETTER

(H23000154504 3)

TO: Registration Section
Division of Corporations

SUBJECT: ALLPRO COMPANY 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:

MONICA LOPEZ

Name of Person

F&L ACCOUNTING SERVICES

Firm/Company

2414 NW 87TH PLACE SUITE 2414

Address

DORAL FL 33172

City/State and Zip Code

monicalopez@flaccountingllc.com

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

For further information concerning this matter, please call:

MONICA LOPEZ

786 267-4792
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)

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

(H23000154504 3)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H23000154504 3)

ALLPRO COMPANY 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 08/02/2022 and assigned
Florida document number L22000339616.

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)

2138 20TH AVE

VERO BEACH, FL 32960

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

(H23000154504 3)

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

(H23000154504 3)

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LAPENTA, VICTOR R	110 N FEDERAL HWY APT 1211	☐ Add
		FORT LAUDERDALE, FL 33301	☒ Remove
			☐ Change
MGR	LAPENTA, VICTOR H	110 N FEDERAL HWY APT 1211	☒ Add
		FORT LAUDERDALE, FL 33301	☐ Remove
			☐ Change
MGR	MORENO, GISELA	110 N FEDERAL HWY APT 1211	☐ Add
		FORT LAUDERDALE, FL 33301	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

(H23000154504 3)

(H23000154504/3)

D. If amending any other information, enter change(s) here: None additional shown necessary

E. Effective date: If other than the date of filing: 12/1/2017 (optional)

If a confidence interval is given, the data must be specific and cannot be given as a range or rate (e.g., 50 years after onset). Percentages are not used. (Table 1)

Note: If the date entered in line block does not meet the applicable statutory filing requirements, this date will not be listed in the effective date on the Department of State records.

(c) Not return specifies a delayed effective date, but not an effective date. At 12:01 a.m. on the date of (b). The 50th day after the

APR 11 1968

Discrete

VICTOR H. PENT

INVESTIGATION OF EFFECTS OF STRESS

(H23000154504 3)