

L23000058925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

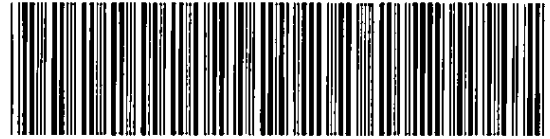
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROCTECH USA 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:

PAULA A. AVALOS TORO
Name of Person
PROCTECH USA LLC
Firm/Company
201 SW 85TH TERRACE APT 202
Address
PEMBROKE PINES, FL 33025
City/State and Zip Code
isabelmultiservices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA A. AVALOS TORO 954 816-1390
Name of Person at () 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

SECRET
STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PROCTECH USA 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 01/30/2023 and assigned
Florida document number L23000058925.

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)

201 SW 85TH TERRACE

APT 202

PEMBROKE PINES, FL 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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	JULIO C. GALLEGU ALZATE	CRA 53 No. 56-286 KM 21	<input checked="" type="checkbox"/> Add
		GUARNE ANTIOQUIA COLOMBIA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ASTRID E. AGUDELO GOEZ	CRA 53 No. 56-286 KM 21	<input checked="" type="checkbox"/> Add
		GUARNE ANTIOQUIA COLOMBIA	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 MISSISSIPPI

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

LIST OF PARTNERS AND PERCENTAGE OWNERSHIP IN THE LLC COMPANY FROM 01-30-2023

FREDDY CASTILLO 25%

PAULA ANDREA AVALOS TORO 25%

JULIO CESAR GALLEGU ALZATE 25%

ASTRID ELENA AGUDELO GOEZ 25%

ALL THE PARTNERS HAVE THE SAME SHARE PARTICIPATION WITHIN THE COMPANY.

AND WE ALL PERFORM FUNDAMENTAL ADMINISTRATIVE AND MANAGEMENT FUNCTIONS.

E. Effective date, if other than the date of filing: 01-30-2023 **(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 JANUARY 30-2023

Paula A. Avalos Toro

Signature of a member or authorized representative of a member

PAULA A. AVALOS TORO

Typed or printed name of signee

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2023 FEB 17 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00