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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

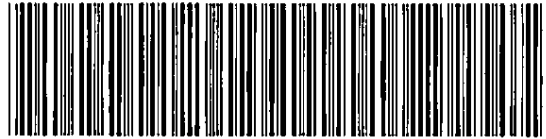
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/12/24--01014--021 **25.00

2024 FEB 12 PM 9:24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Prodigy Insurance Pros 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:

Sherri Miller

Name of Person

Prodigy Insurance Pros LLC

Firm/Company

560 Village Blvd., Suite 340

Address

West Palm Beach, FL 33409

City/State and Zip Code

sherrimpip@outlook.com

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

2021 FEB 12 PM 9:24
RECEIVED
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Sherri Miller

516

238-9344

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

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

Prodigy Insurance Pros 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 01/22/2024 and assigned
Florida document number L24000041944.

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) _____

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:

Sherri Miller

New Registered Office Address:

560 Village Blvd., Suite 340

Enter Florida street address

West Palm Beach

Florida

33409

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>
MGR	Robert Chamagua-Strougo	560 Village Blvd., Suite 340	<input type="checkbox"/> Add
		West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ryan Kely	560 Village Blvd., Suite 340	<input type="checkbox"/> Add
		West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Justin Telibasa	560 Village Blvd., Suite 340	<input type="checkbox"/> Add
		West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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FBI - MIAMI

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

2021 FEB 12 PM 0:21
SUNBELT
FALL

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 9 2024

Signature _____

Signature of a member or authorized representative of a member

Sherri Miller

Typed or printed name of signee

Filing Fee: \$25.00

2024 FEB 12 AM 9:24
SECRET
TALL

[LEASE GUARANTY SIGNATURE PAGE]

DATED: 2/9, 2024

GUARANTOR

RYAN KELTY, an Individual

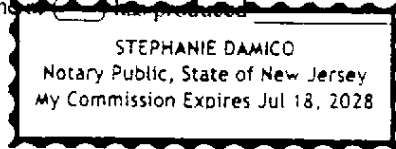
By: [Signature]
Printed Name: Ryan Kelty
Title: Self

Address of Guarantor: 14731 64th Court N,
Loxahatchee, Florida 33470

STATE OF New Jersey

COUNTY OF Monmouth

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☒ online notarization, this 9th day of February, 2024, by RYAN KELTY, an Individual, as Guarantor. He is ☒ personally known to me or ☐ has produced _____ as identification.



[NOTARY SEAL]

Notary Public, State of New Jersey

[Signature]

GUARANTOR

TRAFFIC TREE LLC, a Florida limited liability company

By: [Signature]
Printed Name: Ryan Kelty, as its Manager

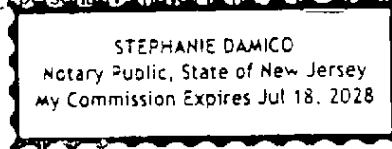
Address of Guarantor:

14731 64th Ct N Loxahatchee FL 33470

STATE OF New Jersey

COUNTY OF Monmouth

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☒ online notarization, this 9th day of February, 2024, by RYAN KELTY, as Manager of TRAFFIC TREE LLC, the Guarantor. He is ☒ personally known to me or ☐ has produced _____ as identification.



[NOTARY SEAL]

Notary Public, State of New Jersey

[Signature]