

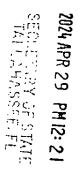
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Pro avote	LLC	
SOBJECT:	·	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Maria	Jose Fina Gon	ralez_
	Pro	Jose Fina Gon Name of Person  Qoule 11 C  Firm/Company	
	12346 Burg	ess Hill Circle	South
	Jackson	City/State and Zip Code	46
	Haria. J. (E-mail address: (1	City/State and Zip Code  6 on 20le 2 C Hod; to be used for future annual report notific	Mail. COM
For further information c	oncerning this matter, please ca		
Maria C	son cale 2 f Person	at ( <u>904</u> ) <u>580 - </u>	78 <i>99</i> Telephone Number
		·	·
Enclosed is a check for the	ne 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro Qoute 1	10
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000175518</u> .	were filed on $04/15/2024$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Pro Services Avote I The new name must be distinguishable and contain the words "Limited Liabil	ic
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	12346 Burgess Hill Circle Sout Jacksonville, Fl, 32246
Principal office address MUST BE A STREET ADDRESS	Jacksonville Fl, 32246
Enter new mailing address, if applicable:	12346 Burgess Hill Circle South Jacksonville, Fl, 32241
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, Fl, 32LYL
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	ZOZ4 APR
New Registered Office Address:	Enter Florida street address
	Florida Seel dadress Seel address Seel addre
	City The Code
New Registered Agent's Signature of 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>	Name	Address	Type of Action
H62	Maria F.	12346 Burgess Hill Cir. S.	Add
	Sanmartin	Jacksonville, Fl, 32246	□ Remove
			Change
M62	Haria J Gonzalez	12346 Burgess Hill Circles Jacksonville, Fl 32246	<b>/A</b> Add
	6011 Late 2	Jackson VIII 2, +1 3 LUX	Remove
			Change
46R	Sanmartin Samuel	Jackson Ville, #1 32246	🗆 Add
		JULKSON VITTE / TI DULYO	<b></b> Remove
			☐ Change
MGR	Sanmadin Samuel	Jackson ville, F/ 32246	<u>5</u> □ Add
		JACKSON VIIIE, TI DEZYE	Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change

• •	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	For Any Company information The following
	For Any Company information The following contact information must be use and Replace
<u> 9</u> r	y existing contact information
F	Phone: 904-580-7899 or 904-580-7857
	mail: Maria J. Gonzalez @ Hotmail com
	ddress: 12346 Burgess Hill Circle South
_	Jacksonville, Fl, 32246
<del></del>	
<u> </u>	
(If an effective d <u>Note:</u> If the o	te, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated _	April 24, 2024.
_	tractisales.
	Signature of a member or authorized representative of a member  Hasia J., Gonzalez
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00