

(Requestor's Name)	
(Address)	600432054796
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	00/20/24 01000 005
(Business Entity Name)	06/28/2401029005 <b>**</b> 30.0
(Document Number)	
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

FO: Registration Se Division of Cor			
	Solutions LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rocio Lopez		
		Name of Person	
	Pro Xterior Solutions LLC		
		Firm/Company	A
	6859 SW 42 Terrace		
		Address	
	Miami, FL 33155		
	rlopez020209@gmail.com	City/State and Zip Code to be used for future annual report noti	itication)
For further information c	oncerning this matter, please ca		,
Rocio Lopez		786 5644580	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for th	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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	rporations
P.O. Box 632	$\mathcal{F}$	The Centre of T	ramanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro Xterior Solutions LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on April 16, 2024	and assigned
Florida document number L24000179482	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here;	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		202
		÷ .
Enter new mailing address, if applicable:		: [5]
(Mailing address MAY BE A POST OFFICE BOX)		_ ====
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B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the n</u>	ame of the new register
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 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>	Address	Type of Action
AMBR	Pedro A Serrano	8438 SW 38th Street Miami, FL 33155	■Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
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			🗆 Add
			□Remove
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			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

_	Add new AMBR, Name: Pedro A Serrano
_	With the Annual Control of the Contr
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i an effe <u>Note:</u>	ve date, if other than the date of filing:  (optional)  (optional)
	I 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 ed.
d is fil	
d is fil	ed.
l is fil	ed.