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TALL AHASSEE, FL

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

PRO TITLE AGENCY LLC SUBJECT: 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: Yuliia Kononova Name of Person JK Accounting Group Corp. Firm/Company 11347 sw 13 street Address Pembroke Pines, FL 33025 City/State and Zip Code julia@jkaccountinggroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Yuliia Kononova Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROTITIE ACTING THE	
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Liability Company)
	were filed on and assigned
orida document number 124000318002	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabi	ility company here:
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address if applicable:	
• •	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) reganization for this Limited Liability Company were filed on
rincipal office address MUST BE A STREET ADDRESS)	
	-1 P
nter new mailing address, if applicable:	2
	in.
Auiling address MAY BE A POST OFFICE BOX	- $ -$
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If amending the registered agent and/or registered office a	
gent and/or the new registered office address here:	
Name of New Registered Agent:	
M D 14 1007 111	
New Registered Office Address:	Entar Florida strant address
	THE TIONG MEET GAAGES
	Florida

New Registered Agent's Signature, if changing Registered Agent:

DOO THEET ACTINGVELLE

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.

City

Zip Code

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

MAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Effective date, if other than the	late of filing:		(optional)	
Effective date, if other than the of the effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applica	able statutory filing requir	90 days after filing.) Pursuant to 605.0	0207 (d as t
he record specifies a delayed effective ord is filed.	date, but not an effective tir	me, at 12:01 a.m. on the c	earlier of: (b) The 90th day after	the
Dated	2024	_·		
	Sergey /	Karpenko		
	signature of a member of autho	rized representative of a me	mber	
SERGEY A KARPENK	\mathbf{O}			
	Typed or printe	d name of signee		