

L24000349092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

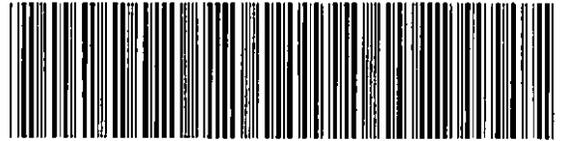
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT - 1 PM 10:59

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13

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROVAN 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:

BETTINA MONTES

Name of Person
BMCE PROFESSIONAL SERVICES LLC

Firm/Company
7726 WINEGARD RD

Address
ORLANDO FLORIDA 32809

City/State and Zip Code
empresasbmce@gmail.com

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

For further information concerning this matter, please call:

BETTINA MONTES at (786) 281-2065

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**

PROVAN LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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2024 OCT -1 PM 10:59

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/08/2024 and assigned Florida document number L24000349092.

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:

13574 VILLAGE PARK DR 2 FLOOR SUITE 235

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO FLORIDA 32837

Enter new mailing address, if applicable:

13574 VILLAGE PARK DR 2 FLOOR SUITE 235

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO FLORIDA 32837

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:

BMCE PROFESSIONAL SERVICES LLC

New Registered Office Address:

7726 WINEGARD ROAD

Enter Florida street address

ORLANDO

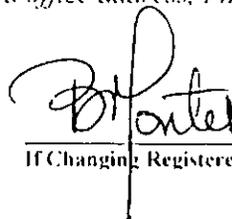
City

Florida 32809

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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