M1900000H37

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	A	J. HORNE UG Z 3 2024

Office Use Only



600434635246

08/14/24--01021--028 **\$0.00



COVER LETTER

•		Section Corporations			
SUBJECT:	PROB.	ATH COMPANY LLC			
		Name of Forei	gn Limited Lia	bility Co	mpany
Dear Sir or l	Madam:				
The enclose	d applic	ation, certificate and fee(s) are submitted	l for filing	<u>}</u> .
Please return	n all cor	respondence concerning th	nis matter to the	e followi	ng:
Fabian Soto					
	_	Name of Person			
Taxapro Con:	sulting In	c			
		Firm/Company		_	
1001 Brickell	l Bay Dr.	. Suite 2700			
		Address		_	
Miami, FL 33	3131				
		City/State and Zip Cod	le	_	
corp@taxapro	o.com				
E-mail ad	dress: (1	o be used for future annua	l report notific	ation)	
For further i	nformat	ion concerning this matter	, please call:		
Fabian Soto			786 at (505 -	0017
	Nan	ne of Person	_ `	le & Day	time Telephone Number
Reg Divi P.O.	sion of Box 6,	Section Corporations		Division The Co	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810
7 4111	ariasaec				assee. FL 32303
		a check for the following	='		
□\$25 Filing	g Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Certified	-	■ \$60 Filing Fee. Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the	Florida Department of
State: PROBATH COMPANY ELC		
Enter new principal office address, if applicable:	same	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		The state of the s
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same	EN ALC: SO
2. The Florida document number of this limited lia	ability company is: MI	9000001437
Jurisdiction of its organization: DELAWARE		
4. Date authorized to do business in Florida: $\frac{02/0}{1}$	8/2019	
SECTION II (5-9 complete only the applicable		
5. New name of the limited liability company: New name of the limited liability company (mussive liability l	/A t contain "Limited Liab	oility Company, " "L.L.C.," or "L.L.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.C	naging members adopti	sacting business in Florida and attach a ng the alternate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office agent and/or registered agent and/or the new registered agent and/or registered agent and/or the new registered agent agent and/or the new registered agent agent and/or the new registered agent agen	ed officer address on ou ddress here:	ir records, enter the name of the new
Name of New Registered Agent: SILVIA ROYO		
New Registered Office Address: 4220 W 104TH	STREET, SUITE 14	
ui.	<i>Ente</i> ALEAH	r Florida Street Address 33018
	City	, Florida
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	egistered Agent: nt and agree to act in th and complete performa ered agent as provided in the registered office	nce of my duties, and I am familiar with for in Chapter 605, F.S. Or, if this

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action		
MBR	PRO MIA ENTERPRISE GROUP CORP	5820 NW 163RD ST	□Add		
		MIAMI LAKES, FL 33014	■Remov		
MGR	SOTO, JUAN	7910 NW 201ST TERRACE	□∧dd		
		HIALEAH, FL 33015	=Remov		
MGR	GALINDEZ MENDEZ, YUISKALY	4220 W 104TH STREET, SUITE 14	= Add		
		HIALEAH, FL 33018	□Remov		
			□Add		
			□Remov		
			□Adđ		
aforemention	e certificate, if required: no more than 9 ned amendment(s), duly authenticated bunder the law of which this entity is org	y the official having custody of records in the	□Remov		
		f the authorized representative Sievin 20 0 0 0 0 0 0 0 0			

Filing Fee: \$25.00

COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	PROBATH COMPANY LLC		
	Name of Foreign	n Limited Liabili	ty Company
Dear Sir or N	Madam:		
The enclosed	d application, certificate and fee(s)	are submitted for	filing.
Please return	all correspondence concerning this	s matter to the fo	llowing:
Fabian Soto			
	Name of Person		
Taxapro Cons	sulting Inc		
	Firm/Company		
1001 Brickell	Bay Dr., Suite 2700		
	Address		
Miami, FL 33	131		
	City/State and Zip Code		
corp@taxapro	o.com		
E-mail add	dress: (to be used for future annual	report notificatio	n)
For further in	nformation concerning this matter,	please call:	
Fabian Soto		786 at ()	505 - 0017
	Name of Person	Area Code &	Daytime Telephone Number
Regi Divi P.O.	stration Section sion of Corporations Box 6327 shassee, FL 32314	R D T1 24	reet Address: egistration Section ivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810 allahassee, FL 32303
	osed is a check for the following a	amount:	
□\$25 Filing	Fee \$\Bigcup \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fe Certified Cop	oy Certificate of Status &
CR2E055 (9/15))		Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it app State: PROBATH COMPANY LLC	ears on the records of the I	Florida Department of
Enter new principal office address, if applicable	same	
(Principal office address MUST BE A STREET ADDRESS)		The state of the s
Enter new mailing address, if applicable:	same	
MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited	liability company is: MI	9000001437
3. Jurisdiction of its organization: DELAWAR	E	
4. Date authorized to do business in Florida: $\frac{0}{2}$	2/08/2019	
SECTION II (5-9 complete only the applicat		
 New name of the limited liability company: (n 	N/A nust contain "Limited Liab	oility Company, " "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adop copy of the written consent of the managers or must contain "Limited Liability Company," "L	managing members adopti	sacting business in Florida and attach a ng the alternate name. The alternate name
6. If amending the registered agent and/or regis registered agent and/or the new registered offic	tered officer address on ou e address here:	ur records, enter the name of the new
Name of New Registered Agent: SILVIA ROY	0	
New Registered Office Address: 4220 W 1047	TH STREET, SUITE 14	
		er Florida Street Address
		32010
_	HIALEAH City	Florida 33018 Zip Code

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

3. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:				
itle/ Capacity	Name	<u>Address</u>	Type of Action	
MBR	PRO MIA ENTERPRISE GROUP CORP	5820 NW 163RD ST	□Add	
		MIAMI LAKES, FL 33014	≣ Remo	
1GR	SOTO, JUAN	7910 NW 201ST TERRACE	□Add	
		HIALEAH, FL 33015	■Remo	
MGR GA	GALINDEZ MENDEZ, YUISKALY	4220 W 104TH STREET, SUITE 14	∃ Add	
		HIALEAH, FL 33018	□Remo	
			□Add	
			□Remo	
			□Add	
aforemention	certificate, if required: no more than 9 and amendment(s), duly authenticated bunder the law of which this entity is org	y the official having custody of records in th	□Remo	
aforemention	ned amendment(s), duly authenticated bunder the law of which this entity is org	y the official having custody of records in th		

Filing Fee: \$25.00