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SECRETARY OF STATE
TALLAHASSEE, FL

## **COVER LETTER**

CO: Registration Section Division of Corporations		
SUBJECT: VINGINS Sant Name of Li	tation & Restaga	than Pros. LLC
The enclosed Articles of Amendment and fee(s) are su	ibmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Jaco.	Ine Conela	
Villair	Santatan ? R	estopation Pros. LLC
577	70 SW 149 AVC . Address	
	119m, 71. 33193 City/State and Zip Code	<del></del>
E-mail address:	BONDS GAOL, CO.	cation)
For further information concerning this matter, please  Tac welve Unela-  Name of Person	eall: at ( <u>786</u> ) <u>521</u>	750 4. Telephone Number
inclosed is a check for the following amount:		
√2 \$25.00 Filing Fee	☐ \$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	<u>Street Address:</u> Registration Sect	ion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ŢO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1200009 3745.  This amendment is submitted to amend the following:	were filed on $\frac{3}{31/2020}$ and assigned
A. If amending name, enter the new name of the limited liat	Deation PROS, LLC.  The Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Same (7225 NW 25 Start Sute 1 Mami F13
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same. 5770 Sw 149 Ave Mami71 33193
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	_m 5
Name of New Registered Agent:	A SSEE
New Registered Office Address:	Enter Florida street address
- <del></del>	, Florida

## 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>	Type of Action
	1/A	<del></del>	□Remove
		☐Change	
			□Add
			El Remove
			LJRemove
			Change
			□Add
			∐Change
		<del></del>	LIRemove
			Change
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing: \_\text{MMPCL(cytel)} \( \text{(optional)} \) extive date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he record ord is file	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.
Dated_	SFPTemper 29, 2022.
	Signature of a member or authorized representative of a member
	Sugnature of a memory of authorized representative of a member