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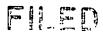
COVER LETTER

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SUBJECT	1044PRO LLC			•		
SUBJECT	·	Name of Limited Liability Company				
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		Paula Lewis				
			Name of Person			
		1044PRO LLC				
	Firm/Company					
	9130 Paseo de Valencia Street					
Address						
		Fort Myers FL 33908				
City/State and Zip Code						
		paula@1044pro.com				
For further	information co	E-mail address: (oncerning this matter, please ca	to be used for future annual report noti- all:	fication)		
Paula Lewi	S		239 268-3744 at ()			
Name of Person				c 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)		

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



2021 FEB -4 PH 2: 29

1044PRO LLC (Name of the Limited Liability Company as it now appears on our records, ILLAHASSEE, EL The Articles of Organization for this Limited Liability Company were filed on $\frac{7/30/2020}{1}$ and assigned Florida document number _____L20000226756 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _____, 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 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
Member	Sharing Services Global Corporatio	1700 Coit Road Suite #100	■ Add
		Plano Texas 75075	□Remove
		-	□Change
Member	Sharing Services Inc.	3920 American Drive Suite 300	□Add
		Plano Texas 75075	■Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Remove
			Change
		·	□Remove

. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated February 1

Typed or printed name of signee

Heather Jensen

Filing Fee: \$25.00