L22000060847

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Depute and Manuface) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| | legistration Division of C | Section orporations | | |
|--------------------|-------------------------------|--|-------------------------|--|
| elib it <i>e</i> 7 | Miami Pi | ro HouseBuyers LLC | | |
| 30bJr.C i | · <u></u> | Name of Limi | ited Liability Company | · · · · · · · · · · · · · · · · · · · |
| The enclos | sed Articles o | of Amendment and fee(s) are sub | mitted for filing. | |
| Please retu | ırn all corres | pondence concerning this matter | to the following: | |
| | | Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: LEXIE RIVERS Name of Person PRIME CORPORATE SERVICES Firm/Company 5250 S COMMERCE DR STE 200 Address MURRAY, UT 84107 City/State and Zip Code miamilibra72@aol.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Area Code Daytime Telephone Number et following amount: | | |
| | | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | | PRIME CORPORATE SE | RVICES | |
| | | ····· | Firm/Company | |
| | | 5250 S COMMERCE DR | STE 200 | |
| | | | Address | |
| | | MURRAY, UT 84107 | | |
| | | | City/State and Zip Code | |
| | | | | |
| For further | r informatior | i:-mail address: (i i concerning this matter, please co | | ication) |
| | lexie | Rivers | 855 577-4639 | |
| | Name | e of Person | Area Code Daytime | : Telephone Number |
| Enclosed i | s a check for | the following amount: | • | |
| \$25.00 |) Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2022 MAR | | AM 10: 3 |

Miami Pro HouseBuyers LLC

(Name of the Limited Liability Company as it now appears on outerspriles) (YOF STATE (A Florida Limited Liability Company) TALLAHASSEE, FL

| The Articles of Organization for this Limited Liab Florida document number L22000060847 | | and assigned | | |
|--|---|------------------------------|--|--|
| This amendment is submitted to amend the follow | ving: | | | |
| A. If amending name, enter the new name of the | he limited liability company here: | | | |
| The new name must be distinguishable and contain the wor | ds "Limited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applical | ole: | | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>OX)</u> | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | r registered office address on our records, <u>ce address here</u> : | enter the name of the nev | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | | rida | | |
| | City | 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> | Address | Type of Action |
|--------------|-----------------------|---------------------|----------------|
| AMBR | NIGHT OWL CAPITAL LLC | 30 N GOULD ST STE R | Add |
| | | SHERIDAN, WY 82801 | Remove |
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| ective date, if other than the of effective date is listed, the date must e: If the date inserted in this blood ument's effective date on the Dep | be specific and cannot be prior ck does not meet the applic | r to date of filing or more the cable statutory filing requ | | |
| record specifies a delayed ne 90th day after the reco | | ot an effective time, | at 12:01 a.m. on the | e earlier |
| FEBRUARY 16 | 2022 | · | | |
| <i>)</i> , | 1 | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00