Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

T C

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (855)330-1010

**Enter the email address for this business entity to be used for future—
annual report mailings. Enter only one email address please.**

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRONOBIS PROPERTIES LLC

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J DERINIS SEP 1 9 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pronobis Properties LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our reco imited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Collision document number <u>L22000309957</u>	mpany were filed on 07/12/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "Ll	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_,	
Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, ent	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	F . F . 12	
	Enter Florida street add	
	City	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>	Address	Type of Action
AMBR	Jennifer Astrid Campbell	7901 4th St N STE 300	
		St. Petersburg, FL 33702	Remove
		400-00-00-00-00-00-00-00-00-00-00-00-00-	☐ Change
h., t			DAdd
			Remove
			☐ Change
		<u> </u>	□Add
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			□Add
			Remove
			□Change
			□Add
			Remove
			□ Change

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If t	date, if other than the date of filing:
If the record sprecord is filed.	pecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	September 9 2022
	R: lun Park
	Signature of a member or authorized representative of a member
	Riley Park Typed or printed name of signee
	Typed or printed name of signec

Filing Fee: \$25.00