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COVER LETTER

TO:	Registration Sect Division of Corpo			
etin ii	SATPRO L	LC		
SUBJI	EC1;	Name of Limi	ted Liability Company	
		mendment and fee(s) are sub-		
	-	LUIS GARRIDO		
			Name of Person	
		SATPRO LLC		
			Firm/Company	
		13806 SW 145 CT		
			Address	
		MIAMI, FL 33186		
			City/State and Zip Code	
		p10luis@me.com	to be used for future annual report notific	cation)
For fu	rther information cor	acerning this matter, please or	-	,
	IS GARRIDO	•	305 968-0011	
Name of Person Area Code Daytime Telephone No				Telephone Number
Enclos	sed is a check for the	following amount:		
\$ \$2	5.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SATPRO	LLC				
(Name of the Lim	ted Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	cords,)			
The Articles of Organization for this Limited I	iability Company	y were filed on	and assigned			
Florida document number L05000098378	·					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited lial	bility company here:				
N/A						
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if appli	cable:	N/A				
(Principal office address MUST BE A STRE			<u></u>			
			के अंग			
Enter new mailing address, if applicable:		N/A				
(Mailing address MAY BE A POST OFFICE	ROY)					
OMMUNE MANESS MAY BE AT OST OFFICE	BUN		ω ;			
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the new			
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
	Enter Florida street address					
			, Florida			
		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
MGR	ENRIQUE CRUZ	13806 SW 145 CT	
		MIAMI, FL 33186	■ Remove
			Change
MGR	LUIS GARRIDO	13806 SW 145 CT	
		MIAMI, FL 33186	C Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
	•		Remove
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			□ Add = Go
			☐ Remove
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