L'08000093888

(Requestor's Name)				
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SECRETARY OF STATE
TALL ANASSET FLORIO

COVER LETTER

TO: Registration Se Division of Corp		
SUBJECT: PROGE	ENY INTERNATIONAL, LLC	
	(Name of Limited Liability Company)	
	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:	
	HOWARD C. STROSS	
_	(Name of Person)	_
	STROSS LAW FIRM, P.A.	
•	(Firm/Company)	
	1801 PEPPER TREE DRIVE	
	(Address)	_
	OLDSMAR FL 34677	_
	(City/State and Zip Code)	
For further information co	oncerning this matter, please call:	,
HOWARD C. STROSS		
(Name o	of Person) (Area Code & Daytime Telephone Num	iber)
Enclosed is a check for th	ne following amount:	
☑ \$25.00 Filing Fee	(additional copy is enclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)

MAILING ADDRESS:

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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

09 FEB 26 AM 10: 12

SECRETARY OF STATE TALLAHASSEE FLORIDA

PROGENY INTERNATIONAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on 10/02/200	and assigned	
Florida document number L08000093888			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," tl	ne designation "LLC" or the abbreviation	
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 of registered agent and/or the new registered office address he Name of New Registered Agent:		cords, <u>enter the name of the nev</u>	
New Registered Office Address:	(Enter F	orida street address)	
	· · · · · · · · · · · · · · · · · · ·		
	(City)	, Florida(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 608, 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 the Managers of Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MICHAEL L. MUSTO	13944 LYNMAR BLVD BLDG #2 TAMPA FL 33626	Add Remove
MGRM	DONNA B. MUSTO	13944 LYNMAR BLVD BLDG #2 TAMPA FL 33626	Add Remove
MGRM	Michael L. Musto, sole Trustee, or his successors in trust, under the MICHAEL L. MUSTO LIVING TRUST, dated September 24, 1992, and any amendments thereto	TAMPA FL 33626	Add Remove Add Remove
MGRM	Donna Bess Musto, Trustee, or her successors in trust, under the DONNA BESS MUSTO REVOCABLE TRUST, dated August 4, 2006, and any amendments thereto	13944 LYNMAR BLVD BLDG #2 TAMPA FL 33626	Add Remove Add Remove
D. If amend	ding any other information, enter change(s	here: (Attach additional sheets, if necessary.)	O9 FEB 26 AM 10: 12 SECRETARY OF STATE STATE OF
Dated FEBF	Will Oran	authorized representative of a member	
		printed name of signee	

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Filing Fee: \$25.00