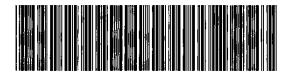
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Certified Copies	Certificates	of Status
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SECRETARY OF STATE

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EXWINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pras 3, LLL Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Just:w OBried Name of Person	
Pt. Pros 3, UC Firm/Company	20H0
Tollo Vallant Ct #102	SEP 27
Mironar Likes, FL 33913 City/State and Zip Code	P STATE
Pitc Dit Fort Myco C) Yeles, Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tutin OBacu at (739) 470 0076 Name of Person at (739) 470 0076 Area Code & Daytime Telephone Number	r
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ite of Status &

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

Pita Pros 3	ILC		
(Name of the Limited Liability (A Florida L	Company as it now appears of imited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co	•	14/() and assigned	
Florida document number Lloquo 3998 6	_ •		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:		
		75 28	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company,	," the designation "LLC or the abbrevi	ation
Enter new principal offices address, if applicable:	_/ // th	0)2 -	TIT
(Principal office address MUST BE A STREET ADDRI	ESSO V		-
	/	DRIDA FINANCE FINANCE	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>			
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.	ered office address on our ess here:	r records, enter the name of the	new
Name of New Registered Agent:	1)//		_
New Registered Office Address:	A Enter	Florida street address	_
	J	, 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 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 or 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 **Type of Action Address** Name 1 Russell Remove ∏ Add Remove ☐ Add [] Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Tustin OBriev
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00