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| PICK-UP WAIT MAIL |
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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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SECKLIARY OF STATE

FILED

COVER LETTER

| Probandi, SUBJECT: | LLC | | |
|---------------------------|---|---|---|
| SUBJECT: | Name of Lim | ited Liability Company | <u> </u> |
| | | A.C. (51) | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for tiling. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Edward Forth | | |
| | | Name of Person | |
| | Probandi, LLC | | |
| | | Firm/Company | |
| | 7115 Bay St | | |
| | | Address | |
| | St Pete Beach, FL 33706 | | |
| | | City/State and Zip Code | |
| | eforth1@gmail.com | to be used for future annual report notific | orion) |
| | | | ation) |
| For further information | concerning this matter, please co | all: | |
| Edward Forth | | 813 748-5757 | |
| Name | of Person | at () Area Code Daytime 1 | elephone Number |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 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 Address:
Registration Section
Division of Corporations The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Probandi, LLC | | |
|--|--|--|
| (Name of the Limited Liability Com (A Florida Limited | pany as it now appears on our record I Liability Company) | <u>is.</u>) |
| The Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion for this Limited Liability Companion of the Articles of Organization for this Limited Liability Companion for the Li | y were filed on 7/27/2011 | and assigned |
| 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 contain the words "Limited Lial | bility Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | ··· |
| (Principal office address MUST BE A STREET ADDRESS) | | <u> </u> |
| | | \$ 100 mm T |
| | | |
| Enter new mailing address, if applicable: | | 3 1 |
| | | SSO R II |
| (Mailing address MAY BE A POST OFFICE BOX) | | The state of the s |
| | | - 25 |
| | | [11 - |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>enter</u> | the name of the new registered |
| agent analor the new registered office address here. | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | ss |
| | . FI | orida |
| | 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 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 | Tracy Forth | 7115 Bay St. St Pete Beach, FL 33706 | |
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| Effective date, if other than the date of filing: [Optional] If on effective date is listed, the date mast be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 645 0207 Note. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as idocument's effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State is records. The effective date on the Department of State is records. The effective date will not be listed as idocument's effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. The effective date is listed. Signature of a member or authorized representative of a member Edward Forth | | | ··· | | | |
|--|--|-------------------------------------|---|--|---------------------------------------|---------------------------------------|
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Filing Fee: \$25.00