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COVER LETTER

TO: Registration S Division of Co	ection orporations	•	ı	
	a Enterprises LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Mead McCabe			
		Name of Person		
	Protogenia Enterprises			
		Firm/Company		
	3109 Grand Avenue #187			
	 ,	Address		
	Miami, FL 33133			
		City/State and Zip Code	····	
	meadmcc@gmail.com E-mail address: (to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
Mead McCabe		305 984-0353		
Name o	of Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for t				
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	us &
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	ING ADDRESS: ration Section	STREET/COURI Registration Section		名と

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Protogenia Enterprises 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 Company were filed on 10/31/2013 ____ and assigned Florida document number 1.13000153346 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin 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 documenois 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
MGRM	Bessy L Pantoja	3109 Grand Ave	
		#187	■ Remove
		Miami, FL 33133	Change
MGR	Mead M McCabe Jr	3109 Grand Ave	= Add
		#187	Remove
		Miami FL 33133	Change
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