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C. GOLDEN MAY 1 3 2019

COVER LETTER

TO:	Registration Section Division of Corpor			,		
SUBJEC		akfast at the Door L.L.C				
SUBJEC	UI:	Name of Limit	ed Liabi	ity Company		
The encl	losed Articles of Arr	nendment and fee(s) are subm	nitted fo	r filing.		
Please re	eturn all corresponde	ence concerning this matter to	the fol	lowing:		
		Bryce	Brown			
			Na	me of Person		-
				m/Company		_
13322 Thomasvill			masville	Circle C		
			E1 20	Address		_
		1 amp	a, Fl 33	6 17		
		prodigygro		ate and Zip Code to.com		_
	-	E-mail address: (to	be used	for future annual report	notification)	
For furth	ner information cond	erning this matter, please cal	1:			
Bryce Brown			850 443359	6		
	Name of Pe	erson	u	I \	rtime Telephone Numbe	;r
Enclosed	d is a check for the f	following amount:				
<u> \$25.</u>	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	C	5.00 Filing Fee & ertified Copy ditional copy is enclosed)	Certifie	ate of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive	rporations g		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Breaklast at the Door L.	l l	.) 2019 MAY - 1 PM 2: 48
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Prodigy Group Holdings L.L.C.		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· ·	
<u>, </u>		
B. If amending the registered agent and/or regist	ered office address on our records	s, enter the name of the new
registered agent and/or the new registered office addr	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
TO MEDICAL CALLED .	Enter Florida street addres.	s
•	Fid	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered agong being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, an en as provided for in Chapter 605, .	nd I am familiar with and F.S. Or, if this document is
	ISChanging Designand Apost Signature	CNow Designand Appet

If amend or remoy	ing Authorized Person(s) authorized from our records:	ed to manage, <u>enter the title, name,</u>	enter the title, name, and address of each person being added		
MGR = AMBR =	Manager Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			□ Remove		
			Change		
		_	□ Add		
			□ Remove		
			Change		
		_	Add		
			☐ Remove		
			Change		
		_			
			□ Remove		
			☐ Change		
			□ Remove		
			Change		
			Add		
			☐ Remove		
			Change		

D. If amendir	ng any other informa	ition, enter chan	ge(s) h	ere: (Attach additional sheets, if necessary.)
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(If an effective Note: If the	ate, if other than the date is listed, the date mu- e date inserted in this bl effective date on the D	st be specific and can ock does not meet	not be pr the app	(optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(blicable statutory filing requirements, this date will not be listed as the ds.
If the record (b) The 90t	specifies a delayed h day after the rec	d effective date ord is filed.	e, but	not an effective time, at 12:01 a.m. on the earlier of:
Dated	April 27		019	·
-		Signature of a mem	ber or at	thorized representative of a member
_		Bry	ce l	Brown inted name of signee
		1 31	act or pu	mics name or signer

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Filing Fee: \$25.00