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COVER LETTER

TO: Registration Se Division of Cor			
	anfacturing LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Claudia Moncarz, Esq.		
		Name of Person	
	Moncarz Law Firm PL		
		Firm/Company	
	2699 Stirling Road, Suite I	B-200	
		Address	_ _
	Fort Lauderdale, FL 33312	2	
		City/State and Zip Code	
	claudia@moncarzław.com	to be used for future annual report notifi	(cation)
For further information co	oncerning this matter, please co		outon,
Claudia Moncarz, Esq.		781 541-2705	
Name o	f Person		Telephone Number
Enclosed is a check for th	ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prolacto Manufacturing 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 $\frac{05/19/2015}{1}$ and assigned Florida document number $\stackrel{\text{L}15000088932}{=}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/AName of New Registered Agent: N/A New Registered Office Address: Enter Florida street address , Florida Cuv

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 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
MGR	Oscar A. Gonzalez Medina	5604 Georgia Avenue	■ Add
		West Palm Beach, FL 33405	Remove
			Change
MGR	Cesar Gonzalez	5604 Georgia Avenue	
		West Palm Beach, FL 33405	≅ Remove
			Change
			
			□ Remove
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	Upon Filing		
tive	date, if other than the date of filing: Open rining (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put		605.0
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will		
	's effective date on the Department of State's records.		
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the ea	rlier
e 90	Oth day after the record is filed.		
d	Sure 8. 3018 () 11		
	- 1.M		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00