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To:

Division of Corporations

Fax Number : (850)617-6383

From:

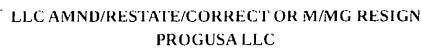
Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206



Enter the email address for this business entity to be used for future "annual report mailings. Enter only one email address please.

Email Address:___



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Help

2/19/2024 05:51:43 PST , To: 18506176383 Page: 2/4 From: Registered Agents Inc Fax: 9134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROGUSA LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on a Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L15000157299</u>	y were filed on 09/17/19	5 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:	202
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	ation "LLC" or the abbreviant 1 "L.L.Q."
Enter new principal offices address, if applicable:		27
(Principal office address MUST BE A STREET ADDRESS)		SSE 3 O
Enter new mailing address, if applicable:		元 6
(Mailing address MAY BE A POST OFFICE BOX)	.	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, enter the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	reet address
		, Florida
New Registered Agent's Signature, if changing Registered Agent	Cuy I:	ир ски
	-	

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.

2/19/2024 05:51:43 PST

To: 18506176383

Page: 3/4

From Registered Agents Inc.

Fax: 8134365206

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>	<u>Address</u>	Type of Action
MGR	Etherington, Kirn A	356 Harbour Isle Way	□Add
		Longwood FL 32750	XRemove
			□ Change
AMBR	Poulos, Glenn	356 Harbour Isle Way	XrAdd
		Longwood FL 32750	□Renove
			(C)Change
MGR	Poulos, Glenn	356 Harbour Isle Way	※ Add
		Longwood FL 32750	□Remove
			「TChange
			FiAdd
			□Remove
			[]Change
			□Add
			□ □ □ Remove
			□Change
			□Add
			□Remove
			⊞Change

2/19/2024 05 51:43 PST - . To 18506176383 Page, 4/4 From Registered Agents Inc Fax: 8134365206

). If amending any other informati	on, enter change(s) here:	(Attach additional shee	ets, if necessary.)	
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The Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	be specific and cannot be prior to ck does not inect the applicab	date of filing or more than 90	(optional) 0 days after filmg) Pursuant to 60 ments, this date will not be lis	15.0207 (3)(ted as the
the record specifies a delayed effective word is filed.	date, but not an effective time	e, at 12:01 a.m. on the car	ther of: (b) The 90th day aft	er the
Dated February 15	2024			
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