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	Registration Sectio Division of Corpora			:	
SUBJEC	T: Prae	torium US	ALLC		
Name of Limited Liability Company					
		-			
The enclo	osed Articles of Ame	endment and fec(s) are sub	omitted for filing.		
Please ret	urn all corresponder	nce concerning this matter	to the following:		
	-	Ernest C	Audino Name of Person		
	-	Praetoriu		<u>C</u>	
	-	6087 51	hallow Brook C	<u>+.</u>	
	-	Port Oran	ge FL 3	2128	
	-	AUDINO 6 E-mail address:	The FL 3 City/State and Zip Code PRAETORIUM US (to be used for future annual report no	SA · COm tification)	
For furthe	er information conce	rning this matter, please ca			
Ē	Ernest A	edino	at (<u>386</u>) <u>333</u> Area Code Daytii	7-8747 ne Telephone Number	
Enclosed	is a check for the fo	llowing amount:			
		l \$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

Practorium USA LL appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 6500 Florida document number 416000176776 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 "LLC." 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 __, Florida ____ City

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
<u>ambr</u>	Marie Audino		
		6087 Shallow Brack Ct. Port Orange	Remove
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). It amendii	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If the	date, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
	Signature of a member or authorized representative of a member
-	Ernest C. Audino Typed or printed name of signee

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