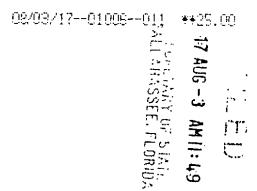
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## COVER LETTER

	egistration Se ivision of Cor			
ento tierra		Sciences, LLC		
SUBJECT	`:		ited Liability Company	
The enclos	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Jason Martuscello		
			Name of Person	
		Prospection Sciences, LLC		
			Firm/Comp.ny	
		401 Ocean Drive #1104		
			Address	
		Miami Beach, Florida 331,	39	
		jasonmartuscello@hotmail.	City/State and Zip Code coin	
		E-mail address: (t	to be used for future annual report notal	ication)
For further	information co	oncerning this matter, please co	all:	
Jason Mar	tuscello		518 577-2004	·
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e following amount:		
<b>≘ \$25.00</b>	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl \$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 Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lity Company as it now appears on our records.) da Lamted Liability Company)	
Company were filed on June 28, 2017	and assigned
nited liability company here:	
mi-ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
ORESS)	
	<i>2.</i> <b>→</b>
istered office address on our records, <u>er</u> <u>dress here</u> :	nter the name of the ne
	Liles and make
	#### #9
Enter Florida street address	
Elonid	o.
City , Fibrid	a Zip Code
	Company were filed on   Inne 28, 2017  mited liability company here:  mised Liability Company," the designation "LLC" or in the designation "L

## 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			□ Change
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ffecti	ve date, if other than the date of filing: (optional)	10.A	6:1	
<u> Yote:</u>	ctive date is listed, the date must be specific and cannot be prior to date of lifting or more than 90 days after filting.) P If the date inserted in this block does not meet the applicable statutory filling requirements, this date with the seffective date on the Department of State's records.	ursuant to ill not be	605,020 listed a	) [
e rec The	ord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. or 90th day after the record is filed.	i the ea	arlier (	)
ated	JULY 31, 2017			
	$\cap$ $\mathcal{M}$ $ \mathcal{M}$			
	Signature of a member or authorized representative of a member		-	

Page 3 of 3

Filing Fee: \$25.00