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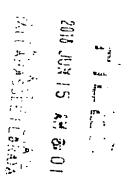
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J. HARRIS

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
	PRO KIO L			
SORTI	ECT:	Name of Lim	ited Liability Company	
The er	oclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		EDUARDO HINRICHS		
			Name of Person	
		PRO KIO LLC		
			Firm/Company	
		20471 NE 10TH PLACE		
		, , , , , , , , , , , , , , , , , , , ,	Address	-
		MIAMI, FL 33179		
		<u> </u>	City/State and Zip Code	
		Eduardo@prokio.us		· · · · · · · · · · · · · · · · · · ·
			to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please c	all:	
EDUARDO HINRICHS			305 303-0015	
	Name of	f Person	at ()	Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	5.00 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

PRO KIO LLC				
(Name of the Limited Liah (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number L17000190008	Company were filed on 09/07/2017	anc	l assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	r the abbreviation	n "L.L.(	
Enter new principal offices address, if applicable:		<u> 5</u> .	2011	
Principal office address MUST BE A STREET ADI	DRESS)	 }क्र-}व 	<u>`</u> =	* · · · · · · · · · · · · · · · · · · ·
		36 36 60 5	243	ent: •
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Enter new mailing address, if applicable:		⊋;	٠ ٦٣	1 : '
Mailing address MAY BE A POST OFFICE BOX)		2 3-	Ç.	· ·
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B. If amending the registered agent and/or regregistered agent and/or the new registered office at	2	enter the na	me o <u>f</u>	the ne
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Flori	ida Zip C	inde	
	ς. <del>ii</del>	λ.φ C.	(AIR	

## 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>	Name	Address	Type of Action
MGRM	LUCIANO GONZALEZ VIVES	20471 NE 10TH PLACE	_■ Add
		MIAMI, FL 33179	<b></b>
			☐ Change
			∆dd
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			Remove
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EDUARDO HINRICHS  (optional)							
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