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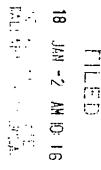
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COVER LETTER

TO: Registration Section Of Corporation of Corporation (Corporation)			
SUBJECT: Pre	P Pros	ited Liability Company	<u>.</u>
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Felipe	Sinder Souza	<u> </u>
	Prep pros	Firm/Company	
	8452 shatow	Ct Was Springs	. FL, 33071
		City/State and Zip Code	
	FeliPeselo & E-mail address: (Gmail: Com to be used for future annual report notifi	eation)
For further information con-	cerning this matter, please co	all:	
Felipe Sinte Name of Po	<u>C </u>	at (<u>954)</u> 695 – Area Code Daytime	7941 Telephone Number
Enclosed is a check for the	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, Ft. 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**

Prep Pros LLC					
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company	pears on our records.) (y)				
The Articles of Organization for this Limited Liability Company were filed on Florida document number LI 7000258478					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company	v here:				
The new name must be distinguishable and contain the words "Limited Liability Company," (he designation "ELC" or the abbreviation				
Enter new principal offices address, if applicable:	<u> </u>				
(Principal office address MUST BE A STREET ADDRESS)	N OTT				
	3 1 1				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>				
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new				
Name of New Registered Agent:					
New Registered Office Address:					
Enter	Enter Florida street address				
	. Florida				
City	Zip Code				
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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00