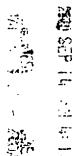
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Office Use Only



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SEP 1 : 2023

D CUSHING

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Proglobe E0	CLLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	Andreas Siljestroem		
		Name of Person	
		Firm/Company	
	701 South Olive Ave, Apt	1403	
		Address	
	West Palm Beach, FL, 33401		
	siljan23@hotmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifica	tion) $\frac{2}{2}$
For further information co	oncerning this matter, please c	all:	tion) PH 4: 36
Andreas Siljestroem		615 5566356 at ()	
Name of	Person		elephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fce	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	Section	Street Address: Registration Section Division of Corporation	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Proglobe EC LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		F. 24		
The Articles of Organization for this Limited Liability Company	were filed on 07/21/2018	مِنْ عِي and assigned		
Florida document number L18000173362				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	700 S.Rosemary Ave, Suite 204	1-B4		
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, Florida, 33401			
Enter new mailing address, if applicable:	700 S.Rosemary Ave, Suite 204	1- B4		
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach, Florida, 33401			
B. If amending the registered agent and/or registered office a	address on our records, enter t	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			
	, Flo	Zip Code		
New Registered Agent's Signature if changing Degistered Agent:				

ered 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 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
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			□Remove
			□Change
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n effective date is listed, the date must bete: If the date inserted in this block	e specific and cannot be p	rior to date of filing onlicable statutory (or more than 90 days aft iling requirements, th	er filing.) Pursuant to 605.0 his date will not be listed)207 d as
cument's effective date on the Dep	artment of State's reco	rds.	g roqui omoniu, u		
ecord specifies a delayed effective	date, but not an effectiv	e time, at 12:01 a.	m. on the earlier of:	(b) The 90th day after	the
is filed.					
, September 14th	2020				
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