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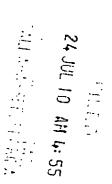
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Proxa Commercial Company  Name of Limited Liability Company	eosing, UC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Christina Short	<del>-</del>
Firm/Company	a) clasing, le
5603 East Colonia	Dr.
Orlando FL 3 City/State and Zip Code Ohristina Shortt 2	2907 6@ mail. com
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, please call:  Ohristing Short at (407)  Name of Person  Area Code	731 - 4048 Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Address: Street Ad	dress:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	Liny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18D00181947</u> .	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	5603 E. Colonial Dr. Orlando, FL 32807
(Principal office address MUST BE A STREET ADDRESS)	01 101 100 1 PC 30801
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5603 E. alonial Dr. Orlando, FL 30-807
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	္း က
Name of New Registered Agent:	
New Registered Office Address:	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 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>	<u>Address</u>	Type of Action
MGR	Christina Shorth	5603 E. Colonial Dr. 3280	7 Xadd
			□Remove
	_		□Change
M6R	lena Prellaj	4738 Riverton Prive Winter Park, FL 328	□ Add
		winter Park, FL 328	Remove
			□Change
			□Add
		<del> </del>	□Remove
			□ Change
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			□Remove
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f an effecti Note: If t	date, if other than the date of filing:
record s d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	6-27-2024
	Signature of a member or authorized representative of a member
	Digitaline of a member of authorized representative of a member