## L180000263361

(Req	uestor's Name)	
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	MAIL	
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## COVER LETTER .

TO: Registration Section Division of Corporations
SUBJECT: PRONLTGHT LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Olessyd Kozlova Name of Person
Firm/Company  11 Lady fish St  Address  Dante (lady a / El 2201)
Ponte Vedra F 32012 City/State and Ep Code Olessiak 2 Nyahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Olessya Kozlova at 904 415 6265 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

Street Address: 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

DIAMITAUT III

LKONTTOLL		<del> </del>	<del></del>
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000 2633 61</u>	were filed on	109/2018	and assigned
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 design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			1021
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		<u>_</u>
			3 3
Enter new mailing address, if applicable:		<del> </del>	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
	Enter Florida s	sirvei address	
		, Florida	Zip Code
	City		Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	<b>:</b>		

sereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability npany 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>	Name	Address	Type of Action
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		El 35095	□ Change
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n effective date is li	other than the dat sted, the date must be s scrited in this block	pecific and cannot be not meet t	ot be prior to date	of filing or more	than 90 days after t	filing.) Pursuant to	o 605.020 e listed a
cument's effective	e date on the Depar	ment of State's	s records.	tatatory many re	quirements, uns	date will not be	, 113(00 0
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Filing Fee: \$25.00