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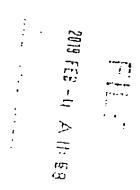
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T. LEMIEUX

COVER LETTER

TO:	Registration Sec Division of Cor								
		MANAGEMENT LLC							
SUBJECT:Name of Limited Liability Company									
The en	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.						
Please	return all correspo	ndence concerning this matter	to the following:						
		thibaut dailland							
			Name of Person						
LUX PRO MANAGEMENT LLC									
		* *	Firm/Company						
13320 skiing paradise Blvd									
Address									
		elermont fl 34711		<u>.</u>					
City/State and Zip Code									
daillandthibaut@yahoo.fr E-mail address: (to be used for future annual report notification)									
				Cattony					
For fu	ther information c	oncerning this matter, please co	all:						
thibau	t dailland		407 6667860						
	Name o	l'Person	at () Area Code Daytime	Telephone Number					
Enclos	sed is a check for th	ne 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 Taliahussee, 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 CONTROL

LUX PRO MANAGEMENT LLC (Name of the Limited Liability Company as it now appears of our records.)
(A Florida Limited Liability Company) Florida document number $\frac{L18000268153}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter 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

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.

City

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_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Thibaut Dailland	13320 skiing paradise 8\vd	≅ Add
		Clermont (1 347) 1	
			Remove
			☐ Change
			□ Remove
			Change
			☐ Remove
		- la li la la la	Change
			□ Remove
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		ດວກ	01/2019						
ffective date, if other than the an effective date is listed, the date mu sote: If the date inserted in this becoment's effective date on the E	st be specific lock does n	iling: and cannot of meet the	be prior to e applicab	date of filin le statutor	g or more the	an 90 days	optional) after filing, , this date) Pursuant to (will not be l	605.0207 isted as
e record specifies a delaye The 90th day after the rec			but not a	an effect	ive time	, at 12:	01 a.m.	on the ea	rlier of
January 30th		201	9	_					
			111						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00