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To:

Division of Corporations

rax Number : (850)617-6383

From:

Account Name : RIVEROS CORP. Account Number : 120190000048 Phone : (305)507-8464 Fax Number : (954)533-1785

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRACOR LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRACOR LLC		
(Name of the Li	miled Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords.)
	Liability Company were filed on 08/06/2019	and assigned
Florida document number L19000199756	<del></del>	
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	e words "Limited Liability Company," the designation "	I C" or the abbreviation (D.) C."
		CLC of the above vianence (C.C.
Enter new principal offices address, if app		, -1
Principal office address MUST BE A STRE	EET ADDRESS)	
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Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	F BOV	
MARINE WATER MAT DE A FOST OFFICE	<u> </u>	·
	-	
B. If amending the registered agent an	alle de la companya	
registered agent and/or the new registered	d/or registered office address on our reco	rds, enter the name of the ne
	Attive man and the Lat.	
Name of New Registered Agent:	GERMAN ROJAS	
New Registered Office Address:	1820 N CORPORATE LAKES BLVD, SUIT	E 204
THE PARTY OF THE P	Enter Florida street ado	
	WESTON	Florida 33326
	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

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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

Title	Name	Address	Type of Action
MGR	GERMAN ROJAS	1820 N CORPORATE LAKES	3 raw of rectan
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		SUITE 204	
		WESTON, FL 33326	□ Remove
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ctive date, if other than the	date of filing:	(optional)
If the date inserted in this ble	ock does not meet the applicable statutor	ng or more than 90 days after filing.) Pursums to 605, y filing requirements, this date will not be liste
ument's effective date on the De	partment of State's records.	
record specifies a delayed	effective date, but not an effec-	tive time, at 12:01 a.m. on the earlie
he 90th day after the reco	ord is filed.	uve time, at 12.01 a.m. on the came
AUGUST 27	2019	
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	Signature of a member of authorized represen	nistive of a momber

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