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(Re	equestor's Name)	
(Ac	ddress)	
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(City/State/Zip/Phone #)		
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(Document Number)		
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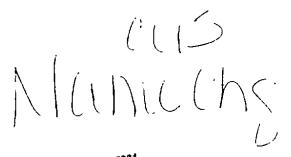
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COVER LETTER

Division of Cor	porations		
SUBJECT:	Johny Flori Name of Lin	da Home St nited Liability Company	lare_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ascar	Martines)	
	Pronto	In Vestigation Firm/Company	s,LLC
		Hazar Ave	
	- Httam	City/State and/Zip Code City/State and/Zip Code	F/ 32714
	UVSEN E-mail address: (to be used for future annual report hoti	Mil. Com
For further information co	oncerning this matter, please c		
OSCOW Name of	Martines Person	at (<u>407</u>) <u>25</u>	Z - 8870 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 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	e:	Strant Addrace	

ŤO:

Registration Section

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

Thanks Frene Your the best. Osoar

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 E
Sunny Florido Home Share LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on Jan. 3, 2020 and assigned Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Pronto Investigation LLC 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: 414 Alcazar Ave
(Principal office address MUST BE A STREET ADDRESS) 7/ Stamonte Springs, 7(3271)
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: Egget Florida street address
Florida

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

Zip Code

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
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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			□ Change

	
	
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Effective date, if other than the date of filing:	to 605.0207 (3 be listed as th
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day ord is filed.	y after the
Dated 5.34. 2021 Sow Mart =	
Signature of a member or authorized representative of a member Scar Martiner	

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