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(Re	questor's Name)	
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## **COVER LETTER**

Division of Cor	porations					
SUBJECT:		PRABA LLC				
	Name of Lirr	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		Sonia Becerra				
		Name of Person				
	Swyft Filings					
	3 Greenway Plaza #1320					
		Address				
	Houston, TX 77046					
		City/State and Zip Code				
		•	estion )			
For further information c		·				
Sonia B	Name of Person  Swyft Filings  Finn/Company  3 Greenway Plaza #1320  Address  Houston, TX 77046  City/State and Zip Code info@legalcorpsolutions.com  E-mail address: (to be used for future annual report notification)  ation concerning this matter, please call:  onia Becerra  at (877 ) 777-0450  Name of Person  Area Code Daytime Telephone Number					
Name o	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee	~	Certified Copy	Certificate of Status & Certified Copy			
Mailing Addres		Street Address: Registration Sect	ion			
Division of C		Division of Corpo				

P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRABA	LLC				
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears Liability Company)	on our records.)	<del></del>		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	02/11/2020	and ass	igned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company her	<b>g</b> :			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	ignation "LLC" or the abl	previation "L.	L.C."	-
Enter new principal offices address, if applicable:		<del> </del>	<del></del>	~	-
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	2024 F	_
Enter new mailing address, if applicable:	PO Box 11	974		FEB 28	- <del>- 1</del>
(Muiling address MAY BE A POST OFFICE BOX)	Miami, FL 3	3101	00 000	P	- į
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our rec	ords, <u>enter the nam</u>	e of the new	ည 26 v registe	ered
Name of New Registered Agent:	<u> </u>			·	<u></u>
New Registered Office Address:	Enter Floria	la street address			-
		, Fiorida		-	_
	Cuţy		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

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	<u>Name</u>	Address	Type of Action
MGR	Pamela Socorro Velez		□∧dd
		PO Box 11974, Miami, FL 33101	(ARemove
			[]Change
MGR	Roxana de Jesus Fresse	PO Box 11974, Miami, FL 33101	[Ž] Add
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an effec <u>ote:</u> i	re date, if other that ctive date is listed, the da f the date inserted in t nt's effective date on	ite must be specific a this block does not	and cannot be prior to timeet the applical	date of filing or mole statutory filing	ore than 90 days aft	ional) r filing.) Pursuant to 60 is date will not be lis	15.03 sted
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record is file	specifies a delayed of d.	Tective date, but n	ot an effective tim	ю, at 12:01 a.m. (	on the earlier of: (	b) The 90th day aft	ier t
. <b>.</b>	February 13		2024				
ated _		<u> </u>	_·		16.7	)	
•	<b>〈</b>			•			
	•			zed representative	f.a. mm.b.a.a		
•		Signature of	a incriner or aumor	izeu representative	or a memoer		

Filing Fee: \$25.00