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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJI	ECT:	Pro	Consulting GUC		
		Name of Lin	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			Simono lagon		
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			Simk Holdings 60 Firm/Company		
			100001/Ins Ave #204		
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		E-mail address: (to be used for future annual report not	fication)	PA CARPO
For fur	ther information c	oncerning this matter, please o	ail:		PH 3: 14
	Simo	ona Kogon	at (934) 647	0910	CHS OHS
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclos	ed is a check for th	e 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 Sta Certified Copy (additional copy is er	tus &
	Mailing Address		Street Address:		
	Registration S Division of C		Registration Sec Division of Cor		
	P O Box 632		The Centre of T	-	

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4.0

PRO	Consulting book
(Name of the Limited Liability Compa (A Florida Limited I	
The Articles of Organization for this Limited Liability Company Florida document number 1200007-9344	y were filed on 3/11/2020 and assigned on 3/11/2020
This amendment is submitted to amend the following:	্রিক বিশ্ব
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	16400 Collins Ave #2042 Sunny Fsks Beach FU 33160
Enter new mailing address, if applicable:	16400 Collins Ave # 2042
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter 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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Simon Kagen	16000 Collins Aug #2012	[]_Add
		Sunny Isses Beach FU 33/	60 □Remove
			□Change
<u>HGR</u>	beenld Logan	Joyoo Collins Ave #2042 Surry Isles Beach Fl 33/6	🗆 Add
		Sury Isles Beach Fi 33/6.	O Chemove
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