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COVER LETTER

TO: Registration Division of C			•
SUBJECT:	MOINTENANT Name of the	Pro Sales LLC	
	Hame Of the	inted Haotinty Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Carloj	Mame of Person	>
	Carlo	Maynas Cora	NO PRISE TI
	221 W Halk	ndale Beach Rivo	70 7
	Halland	City/State and Zip Code	~ : ~
	ME-mail address:	nexusocialy com to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
LING EJW69/		at (786) 859	3276
varie	orrason	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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)
	LING ADDRESS:	STREET/COURIE	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Ft. 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marketing	Pro Sales LLL				
(Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)				
The Articles of Organization for this Limited Liability Co Florida document number <u>L 2000 13 9426</u> This amendment is submitted to amend the following:	ompany were filed on MCY 22, 2020 and assigned				
A. If amending name, enter the new name of the limit	ed liability company baras				
N.1					
	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	7020				
(Principal office address MUST BE A STREET ADDRE					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office addre	Pred office address on our records, enter the name of the new				
Name of New Registered Agent:	NA				
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
New Registered Agent's Signature, if changing Registered	City Zip Code				
hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the inplete performance of my duties, and I am familiar with and int as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability				
	\mathcal{N} Δ				

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:

•			
	Manager = Authorized Member		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
M6R	Myriam M (astellano)	221 W Hallandale Beach	□ Add
		Blvd Hallandale Beach	Remove
		33009, FL	Change
MGR_	Ignacioa. Puliclo	221W Hallandale Beach)
		Bivd, suite 312, Hallandale	Remove
		Beach 33009 FL	D Change
-		STATE	
			Remove
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the record sp) The 90th	pecifies a d day after t	lelayed ef he recorc	fective da l is filed.	ite, but no	ot an effe	ctive tim	ne, at 12:	01 a.n	n. on the	e earli	er of:
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