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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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C. GOLDEN 0CT - 7 2020



Department of State

Division of Corporations

Stealth Courier LLC

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Progressive First

Requester: Nathalie Fletcher

COVER LETTER

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 OCT - 5 PH 3: 23

| Processive First Engineer of the Limited Limited Limited Limited Limited | erorse LLC pany as it now appears on our records.) I Liability Company) |
|--|---|
| The Articles of Organization for this Limited Liability Compan Florida document number <u>L2.000118124</u> . | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lial | bility company here: |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 118117 Biscourse Blud etc 1168 |
| (Principal office address MUST BE A STREET ADDRESS) | Mami, FL 33140 |
| | |
| Enter new mailing address, if applicable: | 18117 BISCAYNE RIVE Ste 1168 |
| (Mailing address MAY BE A POST OFFICE BOX) | Miam, FL 33140 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | nddress on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is |
| If Chang | ing 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 = Ma AMBR = Au | nager thorized Member | | |
|-----------------------|--------------------------|---------|----------------|
| Title | <u>Name</u> | Address | Type of Action |
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| Effective date. if other than the date of filing: [m effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after films.) Pursuant to 605.020 (Notes; If the date inserted in bits block does not meet the applicable statutory filing requirements, this date will not be listed a focument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the dis filed. Dated OCHORA (a.m., 2020) | _ | |
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| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. | | |
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| Signature of a member or authorized representative of a member | Duuxi | 7 |
| Signature of a member or authorized representative of a member | | |
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