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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPANY COMBO, LLC

Account Number : 120160000033 Phone : (866)428-2030

Fax Number

: (407)308-0481

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

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SUBJEC	PROSIFER	. LLC		
ODJEC		Name of Lim	ned Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following,	
		DANIELA ANDREOLI C	ARNEIRO	
			Name of Person	
		COMPANY COMBO, LL	С	
			Firm/Company	
		2815 DIRECTORS ROW	STE 100	
			Address	
		ORLANDO / FL 32832		
		DOCS@COMPANYCOMI	City/State and Zip Code 3O.COM	
		E-mail address: (to be used for future annual report no	ification)
For furthe	er information c	oncerning this matter, please co	all:	
PROSIFE	ER, LLC		866 4282030 at (,)	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
≡ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROSIFER, LLC (Name of the Limited Liability Commany as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/08/2020}{}$ and assigne Florida document number _______L20000196465 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) 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 rej agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Cin

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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

1

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Act
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		Riviera Beach, FL 33404 USA	Remove
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