L20000317397

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

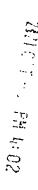
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COVER LETTER

TO: Registration S Division of Co			
PRO Mark	ketplace LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kayra Yasa		
		Name of Person	
	PRO Marketplace		
		Firm/Company	
	162 NE 25th St. Apt. 305		
	*	Address	
	Miami, Fl. 33137		
		City/State and Zip Code	
	kayra@instateco.com		
	E-mail address:	(to be used for future annual report not	fication)
For further information of	concerning this matter, please of	eall:	
Kayra Yasa		954 218-0019 at ()	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRO Marketpiace LLC			
(<u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now appears on or mited Liability Company)	<u>ır records.</u>)	
The Articles of Organization for this Limited Liability Com- lorida document number L20000317397	npany were filed on 10/07/20.	20	_ and assigned
This amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited	d liability company here:		
nstate Collective LLC			
he new name must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	S.S)		
			
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		# · ·	
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records	s, enter the name o	of the new registe
Name of New Registered Agent:			
New Registered Office Address:		·	#- a
New Registered Office Address.	Enter Florida stre	et address	
		Florida	4 ,
	City	, Florida	Zip Code
lew Registered Agent's Signature, if changing Registered A	gent:	•	
hereby accept the appointment as registered agent and			· •

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
			□Add
			□Remove
			□Change
			□Add
		 	□Remove
			□Change
			🗆 Add
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			Change
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			∏ Chango

Page 2 of 3

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