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COVER LETTER

TO: Registration Se Division of Cor			,
CHDIECT.	Pro S	od LLC	•
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	F	rances L Saro Name of Person	
	Pro	So & LLC Firm/Company	
	9834	Palme TTO Dine	es CT.
	Orland	City/State and Zip Code	32
		Sobe used for future annual report notif	
For further information c	oncerning this matter, please ca	all:	
FVANCES Name o	LSuvo f Person	at (407) 406 - Daytime	4459 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	.7	The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ro Sod			2022 JIII 29 P.	3: 23
(Name of the Limited	I Liability Company as A Florida Limited Liabil	it now appears on our ity Company)	records.)	•	• • •
The Articles of Organization for this Limited Lia		e filed on <i>/5 / 3</i>	26/2020	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited liability	company here:			
The new name must be distinguishable and contain the world new principal offices address, if applical office address MUST BE A STREET	ble:				_ _ _
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B					-
B. If amending the registered agent and/or regard and/or the new registered office address		ress on our records,	enter the nam	e of the new regi	tered
Name of New Registered Agent: New Registered Office Address:	Jose 9834	D Pere Palmett		s CT,	<u> </u>
	Orla	Enter Florida street		3 Z & 3 Z Zip Code	

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
CEO	FrancesLSuro	9834 Pa/metto Dives	CT WAdd
		Orlando, FL 3283:	Z_ □Remove
			DChange
PRES	Iose D Perez	9834 Palmetto Dunes	
		Orlando , FL 32832	DRemove
			□ Change
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ii ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
ne recor	d 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 led.
Dated	
	Signature of a member or authorized representative of a member
	Frances L Saro Typed or printed name of signee

Filing Fee: \$25.00