k20000	340506
(Requestor's Name) (Address) (Address)	100368013391
(City/State/Zip/Phone #)	
(Business Entity Name)	05/10/2101030007 ++30.00
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer: Office Use Only S.C. 07-(13/2-)	A 11: 24

COVER LETTER

TO: Registration Section Division of Corporations

· ·

Progen Capital LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Brian Richman			
		Name of Person		
	Progen Capital LLC			
		Firm/Company		
	8591 Dream Falls Street			
	 	Address		
	Boca Raton/FL 33496-561	5		
		City/State and Zip Code		
	brian.richman@progencapi	tal.com		0.
	E-mail address: (to be used for future annual report noti-	lication)	C) Z
For further information e	oncerning this matter, please c	all:		1001
Brian Richman		914 3802355		
Name of Person		at () Area Code Daytime	e Telephone Number	
Enclosed is a check for th	ne following amount:			2 L
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy r	Status &
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	stion	
Division of C		Division of Cor		
P.O. Box 632		The Centre of T		
Tallahassee. I	FL 32314	2415 N. Monroe	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Progen Capital LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on October 27 2020	and assigned
Florida document number L20000340506		

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)	e:	8591 Dream Falls Street		
		Boca Raton, Florida		
	<u> </u>	33496-5615		$\langle \zeta \rangle$
			1621	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		8591 Dream Falls Street	<u>ب</u> ي <u>ب</u>	<u> </u>
	X)	Boca Raton, Florida		··· ••
		33496-5615		, îî
				-5
B. If amending the registered agent and/or regi	stered office a	ddress on our records, <u>enter the</u>	name of the n	ew registered
agent and/or the new registered office address h	iere:		Ē	
Name of New Registered Agent:	Brian Richman			
New Registered Office Address:	8591 Dream Fal	lls Street		
		Enter Florida street address		

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.

Boca Raton

City

If Changing Registered Agent, Signature of New Registered Agent

Florida <u>33496-5615</u>

Zip Code

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
			□Change
			□Add
		<u> </u>	
			□Change
		<u> </u>	🖸 Add
			() Stillemove
			Change_
			$\frac{\square Change}{\square}$
		<u> </u>	
			□Change
		<u></u>	🗆 Add
		<u></u>	
			□Change
·		_	🗆 Add
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	·	
5		0
 		$\langle \rangle$
	2021	- , -
	12	
	JUN	
	10	
		1
		-
		J
		-
	24	
	Ē	

E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after (iling.) Pursuant to 605.0207 (3)(b)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

June 7	2021	
	· ·	
(25th John	_	
Signature of a member or authorized representative of a member		

Brian Richman

Typed or printed name of signee

Filing Fee: \$25.00