## KZ100011951L

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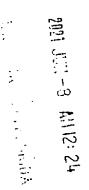
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Amend Titles and member type 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:
Nataly E. Duarte Name of Person PROWESS International LLC
14287 Waymouth Run Address
City/State and Zip Code  City/State and Zip Code  Catalye Perez & Gmail. Lom  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  National Person  at (321) 543 - 28 69  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & Certificate of Status  □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROWESS TEXTERNATIONAL LAC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lightlity Company	were filed on 3	406/21/	l	and ass	igned		
The Afficies of Organization for this Elimited Elability Company					Ü		
Florida document number <u>LZ1000119516</u> .							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	ignation "LLC" or t	he abbrevi	ation "L.	L.C."		
				_			
Enter new principal offices address, if applicable:				<del>23</del>			
(Principal office address MUST BE A STREET ADDRESS)			-	<del>-</del>	•		
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Enter new mailing address, if applicable:			··	7	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)				72	·		
imaning address MAT DE ATOST OTTTED BOIL				214			
				AF 12: 24			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	to amend the following:  the new name of the limited liability company here:  tible and contain the words "Limited Liability Company," the designation "LL.C" or the abbreviation "L.L.C."  address, if applicable:  ST BE A STREET ADDRESS)  if applicable:  POST OFFICE BOX)  ed agent and/or registered office address on our records, enter the name of the new registered erred office address here:  tered Agent:  ice Address:  Enter Florida street address  Florida						
Name of New Registered Agent:							
New Registered Office Address:	Enter Florida street address						
		Florid	a				
	City	, 110110.	Z	ip Code			
New Registered Agent's Signature, if changing Registered Agent:		. 16 4			de wiele elec		

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 addec or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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If th	e date i	nserted	in this bl	ock does n epartment	ot meet th	ne applicabl	e statutory	filing re	equirem	ents, this	date v	vill not b	e iist
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