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COVER LETTER

JBJECT: C4 PRO SOLUTIONS LCC. Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following:
SEPHEN M. CHANEY Name of Person L4 PRO SOLUTIONS, LLC Firmy Company
(do RIVIERA OUNCES WAY FUNIT 405)
PALMETTO FLORIDA 34221 City/State and Zip Code City/State and Zip Code DIPOSO CHANEY CALES @ MAIL. COM E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
STEPHEN CHANCH at (312) 869-1/90 Area Code Daytime Telephone Number
iclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

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

(Name of the Limited Liability Companies (A Florida Limited L	y as it now appears on ability Company)	LLC usue records.)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 2/000 2 24095</u>	were filed on	1Ay 13,2021	and assigne	ત્રો
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabile (4 Pro Solution De Solutio	·	nation "LLC" or the abbrevia	ation "L.L.C."	
Enter new principal offices address, if applicable:				2021
(Principal office address MUST BE A STREET ADDRESS)			1 see	
Enter new mailing address, if applicable:			Contraction of the Contraction o	A .
(Mailing address MAY BE A POST OFFICE BOX)			-:):: -::	<u> </u>
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our recor	rds, enter the name of	the new res	gistered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida s	rreet address		
	70.	Florida	6.1	
New Registered Agent's Signature, if changing Registered Agent;	City	Z)	p Code	

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
AMBR	STEPHEN M. CHANEY	CAS RIVIERA DUNES 6347 PALMETTO, FLORIDA 34221	_ 3 Add
			⊡Remove
MGR	STEPHEN M. CHANON	COO RIVERA DUNES WAY PALMETTO, FLORIDA 34221	_ □Change # 405 ! ₩Add
- / -	,	3A221	□Remove
			□Change
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Note: If the	late inserted in	an the date of fi ate must be specific this block does n the Department	iot meet the a	pplicable statut	iling or more than ory filing requi	(options 90 days after fill rements, this de	al) ng.) Pursuant to 605 tte will not be liste	i.0207 ed as
e record speci rd is filed.	ties a delayed e	ffective date, but	not an effect	ive time, at 12:	01 a.m. on the c	earlier of: (b)	The 90th day after	r the
Dated	2/15			21				
_		Signature	a member or	authorized repre	sentitive of a me	niber		

Filing Fee: S25.00