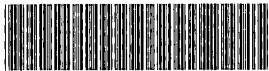
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(Requestor's Name)	
(Address)	100369183
(City/State/Zip/Phone #)	
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(Business Entity Name) (Document Number)	
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COVER LETTER

TO:

TO:	Registration Se Division of Cor					
ano in		ressure Pros, LLC				
SUBJEC	.1:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Name of Limited Liability Company s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following: Jonathan Marti				
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Jonathan Marti				
			Name of Person			3
		Southern Pressure Pros. LI	LC			
			Firm/Company			
		6900 Southgate Blvd #108				
			Address		<u></u>	
		Tamare FI 33321				
			City/State and Zip Code			
For furth	er information o			eport notification)		
Jonathan	Marti	-		494-4252		()
	Name o	d Person		Daytime Telepho	one Number	
Enclosed	is a check for t	he following amount:				
□ \$25.	00 Filing Fee		Certified Copy		Certificate of Status & Certified Copy N	j J
	Mailing Addres Registration 9			dress: tion Section		
	Division of C	Corporations	Division	of Co rp oratio		
	P.O. Box 632 Tallahassee, l			itre of Tallahas Monroe Stree		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sounthern Pressure Pros, LLC (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 Liability Company were filed on $\frac{05/20/2021}{}$ and assigned Florida document number 1.21000234777 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address . Florida City

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>	<u>Address</u>	Type of Action
CFO	BARTHOLOMEW, MICHAEL	7905 NW 72 AVETAMARAC, FL 33321	□Add
		-50% Ownership	■Remove
			□Change
CEO	Marti, Jonathan	6900 SOUTHGATE BLVD APT #108	= Add
		TAMARAC, FL 33321	□Remove
		100% Ownership	□Change
			□Add
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record specifies is filed.	s a delayed effecti	ve date, but no	ot an effective	time, at 12:0	l a.m. on the o	earlier of: (b)	The 90th day	after the
ated	12/21	-//	-·					
			11					
	//	7 11 / 1 / 1.34						

Filing Fee: \$25.00