

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000145198 3)))



H220001451983ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRO DEVELOPMENT USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRO DEVELOPMENT USA LLC					
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on o	ur records.)		
The Articles of Organization for this Limited Lia Florida document number L21000318305				and assign	ned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and contain the wo		ty Company," the designat	ion "LLC" or the ab	breviation "L.L.(<u></u>
-					
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>				
B. If amending the registered agent and/or request and/or the new registered office address	gistered office a <u>here</u> :	ddress on our records	s, <u>enter the nam</u>	e of the new r	egistered
Name of New Registered Agent:		·		2022	
New Registered Office Address:		Enter Florida stre		APR	<u></u>
		Enter l'Iorida stre	ret oddress	Apr. 2	
	· · ·	City	, Florids:	70	
North Dogistans de la gentla Cimetana 18 de ante me		City		- Zip Code	0.0
New Registered Agent's Signature, If changing Re				<u>ω</u>	
I hereby accept the appointment as registered	agent and agre	e to act in this capac	ity. I further agr	ee 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 fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	NESTOR OCHOA	11451 LAKESIDE DR UNIT 3107	
		DORAL, FL 33178	□Add
			□Change
			□Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	[]Add
			□ Remove
			□ Change
			🗀 Add
			□Remove
			Remove
			□ Change
	·		
			□ Change