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COVER LETTER

SUBJECT: Proven Billing Solutions LLC 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: Yazmin Walker - Besnier Name of Person		egistration Sectio ivision of Corpor					
Please return all correspondence concerning this matter to the following: Yazmin Walker - Besnier Name of Person	SUBJECT	ì <u> </u>	Proven Billing Solutions ILC Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. Trespondence concerning this matter to the following: Vazmin Walker - Besnier				
Vazmin Walker - Besnier Name of Person Proven Billing Solutions LLC Ham/Company 449 W Silver Star Rd #234 Address Ocoee FL 34761 City/State and Zip Code darlingwennygroupesmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Besnier Name of Person at (407) 754 - 7465 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{\$\$55.00 Filing Fee} & \text{\$\$60.00 Filing Fee} & \$\$Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (certified Copy (certified Copy (certified Copy)) (certified Copy) (certified Copy)							
Address Ocoee FL 34761 City/State and Zip Code darlingwennygroupesmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Besnier Name of Person at (407) 754 − 7465 Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Please retu	rn all corresponde	nce concerning this matte	er to the followi	ng:		
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Ocoee FL 34761 City/State and Zip Code Daytime Telephone Number		-	Proven B	silling !	Solutions	LLC	
For further information concerning this matter, please call: Robert Resnier		-			• • • • • • • • • • • • • • • • • • • •		
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Robert Besnier Name of Person at (407) 754-7465 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	For further	information conce			arar y minuar report not		
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	\$25.00	Filing Fee [Certifi	ed Copy	Certificate of Stat Certified Copy	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Proven Billing S	Solutions L	LC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)	2022	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L2100 D393957</u> .	were filed on <u>09</u>	03/2021	JULE O PH	7. F M
This amendment is submitted to amend the following:			1073 1187. 19 H	·
A. If amending name, enter the new name of the limited liabil	lity company here:		4gg 29	
Darlin Gwenny Gro	oub L.L.	C.	,	
The new name must be distinguishable and contain the word. "Limited Liability	ty Company," the designation	on "LLC" or the abbre	viation "L.L.C."	_
Enter new principal offices address, if applicable:	449 W	Silver St	tar R1 #	123
(Principal office address MUST BE A STREET ADDRESS)	Ocoee.	FL 347	61	
				_
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BOX)				_
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records	enter the name o	f the new regis	<u>tered</u>
Name of New Registered Agent:				_
New Registered Office Address:	Enter Florida stree	t address		
		Florida		
- · - · · · · ·	City		Zip Code	

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 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

Title	Name	Address	Type of Action
CE /AMBR	Robert Besnier	Address 449 W Silver Star Rd #234 Ocoea, FL 3476	_ ¥Add
			□Remove
,			🗆 Change
AMBR	Yazmin Walker-Besnier	#234 Ocoee, FL 347	🛮 Add
Administra	708	#234 Ocoee, FL 347	-61 □Remove
			Change
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			□Remove
			Change
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Fective date, if other the network of the date is listed, the left inserted in the date in the d	edate must be specific an in this block does not	nd cannot be prior to meet the applicab		than 90 days after fili	ng.) Pursuant t	
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