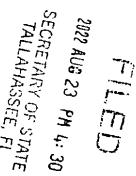
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COVER LETTER

TO:

Registration Section
Division of Corporations

CUBIECT.	CONTROLPRO LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	JAVIER E CARDENAS		
		Name of Person	
	CONTROLPRO LLC		
		Firm/Company	
	11446 JASPER KAY TER	RRACE AP ▼ 1014	
		Address	
	WINDERMERE, FL. 347	86	
	 _	City/State and Zip Code	
	MAGALYNFMS@GMAII	COM	
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
MAGALY NAVARRO		407 852-7000 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9 Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONTROLPRO LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our r Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000+16357</u> .	were filed on 03/07/2022		and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abb	oreviation "L.L.C."	
Enter new principal offices address, if applicable:	11446 JASPER KAY TE	RRACE APT H	014	
(Principal office address MUST BE A STREET ADDRESS)	WINDERMERE, FL 347	86		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11446 JASPER KAY TE WINDERMERE, FL. 347		014	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name	of the stew register	red
Name of New Registered Agent:			<u> </u>	, ar
New Registered Office Address:	Enter Florida street a	address	ASSEE, FA	
	City	_, Florida	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Andres Cardenas Trujillo	11446 Jasper Kay Terr Apt1014 Windermere, fl 3478	36 ≡ Add
			_ □Remove
			□Change
			□Add
			_ DRemove
			Change
			□Add
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			□Remove
			□Change

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Dated AUGUST 17 2022 James E. Landonas Signature of a member or authorized representative of a member	Note: If the date inserted in this blo-	ck does not meet the applicable	ate of filing or more than 90 day statutory filing requirement	(optional) s after filing.) Pursuant to 605.0207 (3 ts, this date will not be listed as th
Signature of a member or authorized representative of a member		date, but not an effective time,	at 12:01 a.m. on the earlier	of: (b) The 90th day after the
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JAVIER E CARDENAS		against of a member of authorize	a representative of a method	
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Filing Fee: \$25.00