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ML SOLOMON

COVER LETTER

Division of Cor				
SUBJECT:	Pro 513 Consult	ting RRC .		
	Name of Lim	ited Laability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing		
	•			
Please return all correspo	indence concerning this matter	to the following:		
	Alexan	nder MOKSih		
		Nume of Cesson		
	-	Firm/Company	-	
	2614 NE	10th Sturnt		
	DIT IVE	Address	-	
	Hallandale.	FL 3300.9		** , **
		City/State and Zip Code		
	alexmoksin 3 (E-mail address:	Fh 3300 g City/State and Zip Code agmail, com to boused for future annual report noti	fication)	77.00 L 10 L 2 A
For further information c	oncerning this matter, please ca	all:		
Alexander	MODSIN_	at (305) 985 –	- 990H e Telephone Number	- ×
		., .	•	
Enclosed is a check for the	he following amount:			
⊠ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
		5		
Mailing Addres Registration 3		<u>Street Address:</u> Registration Se	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632	27	The Centre of T	allahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro 513 Consu	lting LLC			
(Name of the Limited Liab (A Flor	VEING LLC willity Company as it now appears on a cida Limited Liability Company)	our records.)	_	
The Articles of Organization for this Limited Liability Florida document number $\underline{\mathcal{L}22000/2258}$	Company were filed on <u>Ma</u>	rch 10,2022 _{an}	d assigned	i
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
Phe new name must be distinguishable and contain the words "I.	Services LLC imited Liability Company," the designa	ation "LLC" or the abbreviation	on "L.L.C."	
Enter new principal offices address, if applicable:			- EE	
(Principal office address MUST BE A STREET AD)	DRESS)		- Z	<u></u>
	<u></u>		<u>></u>	
Enter new mailing address, if applicable:				F
(Mailing address MAY BE A POST OFFICE BOX)		 ;	မှ မ ာ	
	<u> </u>		 -	
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, <u>enter the name of th</u>	<u>e new reg</u>	istered
Name of New Registered Agent:	<u></u>			
New Registered Office Address:	Enter Florida st	reet 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 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
			□ Add
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			□Change
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Effective date, if other than the date of filing:	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a cord is filed.	fter the
Dated <u>April 25</u> . 2022.	
Signature of a member or authorized representative of a member	
ALexander Moksow Typed or printed name of signee	