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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC

Account Number : I2020000102 Phone : (954)998-1035

Fax Number : (954)573-1480

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 PROCONSA GROUP LLC

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COVER LETTER

TO: {	kegistrati Division o	on Section f Corporations	
SUBJEC.	PROG	ONSA GROUP LLC	
	-	Name	of Limited Liability Company
The enclos	sed Artick	es of Amendment and fee(s) a	are submitted for filing.
		respondence concerning this n	
		HENRY ANTONIO	TOLEDO BLANCO
			Name of Person
		PROCONSA GROU	IP LLC
			Firm/Company
		1722 RODMAN ST	
			Address
		HOLLYWOOD FL 3	33020
			City/State and Zip Code
		Famuil adde	west to be used to a
For furth er i	nformatic	on concerning this matter, plea	ress: (to be used for future annual report notification) ase call:
		TOLEDO BLANCO	
			754 465-2118 at ()
Name of Person		ne of Person	Area Code Daytine Telephone Number
inclosed is a	scheck fo	or the following amount:	
≅ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Statu	
Reg Div P.O	ision of . Box 6.	n Section Corporations	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

PROCONSA GROUP LLC	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on 06/17/2022	and assigned
Florida document number L22000277980	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	£: €
(Principal office address MUST BE A STREET ADDRESS)	
	A TI
	©
Enter new mailing address, if applicable:	<u> </u>
(Muiling address MAY BE A POST OFFICE BOX)	
 ·	<u></u>
R. If amonding the project of the state of t	Q ₉
agent and/or the new registered office address here:	nter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Muiling address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	ddress
	, 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, provisions of all statutes relative to the proper and complete performance of my dutie, accept the obligations of my position as registered agent as provided for in Chapter 6 being filed to merely reflect a change in the registered office address. I hereby confirm company has been notified in writing of this change.	s, and I am familiar with and

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PATRICIA CASTILLO	1722 RODMAN ST	
		HOLLYWOOD FL 33020	_
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			
			□Remove
			□Add
			□Remove
			Change
			DAdd
			🗀 Remove
			Change

							
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e record specifies a delayed effec rd is filed.	tive date, but r	tot an effective	e time, at I	2:01 a.m. or	the earlier of:	(h) The 90	th day after the
Dated JULY 8		2024					
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Filing Fee: \$25.00