

19/12/22, 17:05

Division of Corporations

Florida Department of State
 Division of Corporations
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L22000361781

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : TU OFICINA EN USA LLC
 Account Number : I20220000184
 Phone : (239)494-0057
 Fax Number : (239)913-6599

2022 DEC 20 PM 2:08
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 SECRETARY OF STATE
 TALLAHASSEE, FL

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

Email Address: tuoficinaenusa@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 PROT-ESCA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. BRUMBLEY
 DEC 21 2022

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PROF-ESCA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/17/2022 and assigned Florida document number 1.22000361781.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

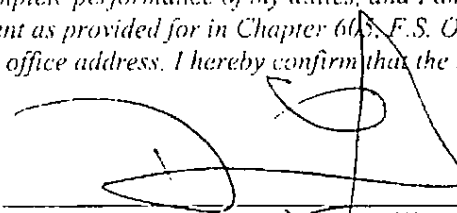
Name of New Registered Agent: TU OFICINA EN USA LLC

New Registered Office Address: 28719 ALESSANDRIA CIRCLE
Enter Florida street address

BONITA SPRINGS, Florida 34135
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Carla Hairosa Caruso Rivero	3181 N BAY VILLAGE CT SUITE 200	<input type="checkbox"/> Add
		BONITA SPRINGS, FLORIDA, ZIP CODE 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Nohra Zakia	28715 ALESSANDRIA CIRCLE	<input checked="" type="checkbox"/> Add
		BONITA SPRINGS, FLORIDA, ZIP CODE 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		:	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

