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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WARD, DAMON & POSNER, P.A.

Account Number : 072262000447 Phone : (561)842-3000

Fax Number : (561)842-3626

Enter the email address for this business entity to be used for future and address please.

annual report mailings. Enter only one email address please.**

Address: ___msarofsky@warddamon.com__

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July 01, 2024 1555 To: Procurement Fro1 LLC - MGR Change Request (L22000441441) Fax: 1850617 P: 6/8

DocuSign Envelope ID: A78388B6-AF8E-41E5-9BA8-22FBDB1115D8

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROCUREMENT PRO1 LLC			
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our mited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Com Florida document number L22000441441	npany were filed on $\frac{10/13/20}{}$	022	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>	·	
Enter new mailing address, if applicable:			2624
(Mailing address MAY BE A POST OFFICE BOX)		·	F T
(maning dualess Mail BEAT OST OXTTEE DON)			
			A C
B. If amending the registered agent and/or registered of	ffice address on our records,	enter the name o	f the new registered
agent and/or the new registered office address here:		•	07
Name of New Registered Agent:		·	<u>_</u>
New Registered Office Address:	Enter Florida street	address	
		Florido	
		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.

July 01, 2024 1555 To: Procurement Pro1 LLC - MGR Change Request (L22000441441) Fax: 1850617 P: 7/8

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II amending Authorized rerson(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>	Address	Type of Action
MGR	BEVERLY MORIARTY	260 COCOPLUM ROAD	
			□Add
		CORAL GABLES, FL 33143	⊠ Remove
			∏Change
MGR CERY PERLE	CERY PERLE	10266 Curry Ford Road 7	
		Orlando, FL 32825	XI Add
			□Remove
			□ Change
		∐Add	
			□Remove
			Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□ Remove
			Change

July 01, 2024 1555 To: Procurement Prol LLC - MGR Change Request (L22000441441) Fax:1850617 P: 8/8 DocuSign Envelope ID: A78388B6-AF8E-41E5-9BA8-22FBDB1115D8 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional) E. Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 after the record is filed. June 25 2024 Dated ___ Signature of a treatment authorized representative of a member Beverly Moriarty

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Typed or printed name of signee