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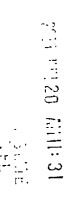
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COVER LETTER

TO:

	gistration Se vision of Cor			
SUBJECT:	PRO DEMO	O CONSULTING LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please returi	ı all correspo	ndence concerning this matter	to the following:	
		Jane Maasz		
		 	Name of Person	****
		Skabelund PLLC		
			Firm/Company	
		1400 E Southern Ave, Ste	1020	
			Address	
		Tempe, AZ 85282		-
			City/State and Zip Code	
		dave@removeitpros.com		: 5
		E-mail address: (to be used for future annual report notification)	
For further i	nformation co	oncerning this matter, please c	all:	
William Joh	ın Skabelund	/Skabelund PLLC	480 660-4600	
	Name of	f Person	Area Code Daytime Telepho	ne Number
Enclosed is	a check for th	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)
	i <mark>ling Addres</mark> gistration S		Street Address: Registration Section	
	_	orporations	Division of Corporatio	ns
	D. Box 632		The Centre of Tallahas	
Ta	llahassee, F	L 32314	2415 N. Monroe Street	., Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa	ny as it now appears on our reclability Company)	cords.)
	(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited I	Liability Compan	y were filed o <u>n Pecember 5, 2</u>	and assigned
lorida document number L22000509805			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited lial	bility company here:	
enter the new number		omey company ner	
he new name must be distinguishable and contain the w	vords "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7901 4th St N	
Principal office address MUST BE A STREET ADDRESS)		Ste 300	
	, , , , , , , , , , , , , , , , , , ,	St. Petersburg, FL 33702	707
			; ;= ·.
Enter new mailing address, if applicable:		7901 4th St N	20
Mailing address MAY BE A POST OFFICE	BOX)	Ste 300	0
-		St. Petersburg, FL 33702	i ber "
			. <u>.</u> ω
3. If amending the registered agent and/or		address on our record <u>s, e</u>	enter the name of the new reg
gent and/or the new registered office addre	ess nere:		
Name of New Registered Agent:	Northwest Regi	stered Agent LLC	
New Registered Office Address:	7901 4th St N ,	Ste 300	
			ddress
	St. Petersburg		Florida 33702
		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
			
			□Remove
			□ Change
			□Remove
			Change
			☐Remove
			☐ Remove
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			□ Change
			🗖 Add
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	·		□ Add
			Remove
			□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, i	f necessary.)
	
	
	
	
	<u> </u>
	
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 day Note: If the date inserted in this block does not meet the applicable statutory filing requirements, to document's effective date on the Department of State's records.	s after filing.) Pursuant to 605.0207 (3
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ord is filed.	(b) The 90th day after the
	3
Dated 2023	, ery 20
Signature of a member or authorized representative of a member	<u> </u>
William John Skabelund/Skabelund PLLC	
Typed or printed name of signee	

Filing Fee: \$25.00