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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co				
SURJECT: PRO	SPORT CO	NSTRUCTION	LLC	
3000001	Name o	of Limited Liability Company		
The enclosed Articles of	f Amendment and fee(s) ar	e submitted for filing.		
Please return all corresp	ondence concerning this m	natter to the following:		
	CIPRIAN	J NEAGU		
		Name of Person		
		Firm/Company		.
	8730 V	VITTEN WOOD Address	> CV	···
		Address		
	ORLANDO	City/State and Zip Coo	32836	
	ncipr	City/State and Zip Coo i an 79 a ya ress: (to be used for future anni	hoo, con	2
For further information	concerning this matter, ple	ase call:		
CIPRIAN	NEAGU	at (<u>321</u>)	946-70	057
Name	ot Person	Area Code	Daytime Tele	pnone Number
Enclosed is a check for	the following amount:			
X \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Stat			☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre			<u>Address:</u> stration Section	
Registration Division of 0	Section Corporations	_	stration Section sion of Corpora	
P.O. Box 63	•		Centre of Tallal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PROSPORT CONSTRUCTION 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 211412023 and assigned Florida document number L 23000081174.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
PROSPORT EXPRESS LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"
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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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:
New Registered Office Address: Enter Florida street 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
			□Remove
			□Change
			🗆 Add
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record s I is filed.		i effective date, b	ut not an effec	tive time, at 129	01 a.m. on the ea	rlier of: (b) The	e 90th day after the
ated	July	A A Signatur	<u> </u>	123			
		Δ	Jeage	<u></u>			
	****	Signatur	e of a member o	r authorized repre	sentative of a men	iher	

Filing Fee: \$25.00