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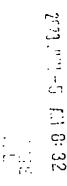
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(Document Number)
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COVER LETTER

Division of Cor	porations .	•				
	3 PRO ENTE	ERTAINMENT LLC				
SUBJECT:	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
		FELIX CORDOVA				
		Name of Person	· · · · · ·			
	3 PRO ENTERTAINMENT LLC					
		Firm/Company				
201 SE 2ND AVE SUITE 1620						
		Address	 			
		MIAMI, FL 33131				
		City/State and Zip Code		-		2773
		nfo@3proentertainment.				273,877
For further information co	oncerning this matter, please ca		report nounceation,			<u>.</u>
FELIX (CORDOVA	818 at ()	318-3370			
Name o	f Person	Area Code	Daytime Telephor	ne Number	()	ည (2
Enclosed is a check for th	ne following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filin Certificate Certified Co (additional co	of Stat	tus &
Mailing Addres	<u>s:</u>	Street A	ddress:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

3 PRO ENTERTA	INMENT LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records,)	
The Articles of Organization for this Limited Liability Company Florida document number L23000110285	were filed on	03/02/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	llity company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	201 SE 2ND AV	E SUITE 1620, MIAMI	, FL 33131
(Principal office address MUST BE A STREET ADDRESS)			6
			,
	•		di Gi
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our re	cords, <u>enter the name</u>	of the new registere
New Registered Office Address:		AVE SUITE 1620	
		da street address	
	MIAMI	, Florida	33131 Zip Code
Non-Bordania Administrativa de la Circa del Circa del Circa de la	City		zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of i provided for in C	my duties, and I am fo hapter 605, F.S. Or, i	amiliar with and if this document is

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>	Name	Address	Type of Action
MGR	EMMANUEL E. PADILLA	201 SE 2ND AVE APT 1620	
		MIAMI, FL 33131	□ Remove
			□ Change
			□Add
		<u> </u>	□Remove
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