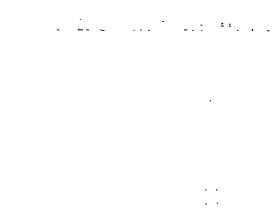
## L23000162419

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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6. HEATT C-5/23/24

## **COVER LETTER**

TO: Registration Se Division of Cor					
DEMARK	Q LLC				
SUBJECT:	Name of Lim	ited Liability Company			
		the state of the			
	Amendment and fee(s) are sub indence concerning this matter	-			
rease return an correspo	machee concerning this matter	to the Rollowing.			
	ZHENG HE				
		Name of Person			
		Firm/Company			
	245 E MAIN STREET #10	07			
		Address			
	ALHAMBRA.CA.91801				
	ACIUSZOE@ FOXMAIL.	City/State and Zip Code 'OM			
		to be used for future annual report no	titication)		
For further information c	oncerning this matter, please c	all:			
ZHENG TIE		323 9088554			
Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for the	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)		
<u>Mailing Addres</u> Registration :		<u>Street Address:</u> Registration S	ection		
Division of Corporations P.O. Box 6327		Division of Co	orporations		
Tallahassee.		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEMARKQ LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on March 31, 2023	and assigned
Florida document number 1.23000162419		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	<u> liability company here</u> :	
ADURO PRO LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "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:		
Mailing address MAY BE A POST OFFICE BOX)		• •
		Ç.,
B. If amending the registered agent and/or registered of	fice address on our records, enter the	name of the new regist
igent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	:1
<del> </del>	City	11

## 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
			⊒Remove
			□ Change
		-	□ Add
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			□Remove
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cord specifies a delayed effec s filed.	rtive date, but	not an effectiv	e time, at 1	2:01 a.m. on th	ne earlier of: (b	i The 90th da	y after the
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		of a member or a					