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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	INCFILE.COM LLC
Account Number	:	120220000070
Phone	:	(888)462-3453
Fax Number	:	(877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

efile1234@incfile.com Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROHAAS LLC

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COVER LETTER

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TO: **Registration Section Division of Corporations**

PROHAAS LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

efile1234@incfile.com

F-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Person

1 (3 _ at (_____) ___ Area Code (888) 462-3453 Daytime Telephone Number

Enclosed is a check for the following amount:

\$25,00 Filing Fee.

□ \$30.00 Filing Fee & Certificate of Status

回 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy (+ enclosed)

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **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

PROHA (<u>Name of the Limited Liability Compa</u> (A Florida Limited	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000196145</u> .	were filed on $\frac{04/20/2023}{2000}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Lunited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1439 Harbour Walk Rd
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33602
Enter new mailing address, if applicable:	1439 Harbour Walk Rd
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33602
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: <u>Name of New Registered Agent</u> :	address on our records, <u>enter the name of the new registered</u>

New Registered Office Address:	Enter Florid	a street address	-1
			<u> </u>
		, Florida	- :,
	Cuy		Zip Code -

I hereby a cept the appointment as registered agent and agree to act in this capacity. I further agree topomply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familior 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>: (((H25000001531 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Ismail Engin	1439 Harbour Walk Rd	🖸 Add
		Tampa, FL 33602	
			Change
			🖾 Add
			🗆 Remove
			[]Change
			🗔 Add
			🗆 Remove
			🖂 Change
			FlAdd
			🖸 Remove
			🗇 Change
			⊡Add
			□Remove
			🗆 Change
<u></u>			🗆 Add
		((□Remove (H25000001531 3))) □Change

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(((H25000001531 3)))

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the (If an effective date is listed, the date mu <u>Note:</u> If the date inserted in this b document's effective date on the E fittle record specifies a delayed effective	nek does not meet the applicable repartment of State's records.	statutory tiling requirer	nents, this date will not be t	isted as the
ecord is filed.			, , , , , , , , , , , , , , , , , , ,	
Dated	2025			
	Signature of a member or authorize	et len gin	ነ ሮ ፓ	
	Ismail En	ngin		
	Typed or printed as	ame of signee		
			(((H25000001	531 3)))