Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Except the email address for this business entity to be used for future

-3

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SEmail Address:_____

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Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Avanti Pro LLC	
(Name of the Limited Liability Compan (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 07/31/23 and assigned
Florida document number L23000359936	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	- 2 - 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	
	1 - -
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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 m 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.

Cay

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
AMBR	Carmen G Piazza	3956 Town Center Blvd #185	X /Add
		Orlando, FL 32837	□Remove
			ElChange
<u>-</u> -			□Add
			Remove
			[] Change
			□Add
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ffective date, if other than the	date of filing:	(optional)
Note: If the date inserted in this blocument's effective date on the Do	ock does not meet the applicable.	te of filing or more than 90 days after filing.) Pursuant to 605.0207 (, statutory filing requirements, this date will not be listed as the
record specifies a delayed effective d is filed	e date, but not an effective time, a	it 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated September 15th	2023	
	·	representative of a member

Typed or printed name of signee