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COVER LETTER

	gistration Se dsion of Cor			
	Plantus Am			
SUBJECT:		Name of Lim	ited Liability Company	
The encloses	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		Kesia Mina		
			Name of Person	
			Firm/Company	······································
		4917 Windward Way		
			Address	
		Fort Lauderdale FL 33312		
			City/State and Z/p Code	
	•	kesia@pacificsgroup.com	to be used for future annual report or	differment
For further i	nformation e	oncerning this matter, please co		······
Kesia Mina			305 9175009	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	[] \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	u <mark>ling Addres</mark> gistration S		Street Address: Registration S	
	vision of C D. Box 632	orporations 7	Division of Co The Centre of	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Plantus America LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000367830</u> .	were filed on <u>08/04/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
Pro Stream Capital LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	·	
Name of New Registered Agent:		
New Registered Office Address:	Enter Fiorida street address	
	, Flo	rida
New Registered Agent's Signature, if changing Registered Agent:		Σφ Оли
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity. I fur	ther agree to comply wit d 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
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ectiv	re date, if other than the date of filing:
n effec	give date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 fifthe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cume	nt's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
is file	d.
	Ancil 24th 2024
ted _	april 24th 2024
	Signature of American authorized representative of a member KESIA MINA Typed or printed name of signee
	Signature of Monther or authorized representative of a member
	KESIA MINA

Filing Fee: \$25.00