Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

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

Certificate of Status	0
Certified Copy	0
Page Count	05
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Registration Section

TO:

COVER LETTER

(((H23000359882 3)))

Division of Cor	rporations		
SUBJECT: PROD	ONA LLC		
SOBJECT:	Name of Lin	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are suf	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
	.	Name of Person	
		Firm/Company	
	17350 STATE HWY 249	#230	
		Address	
	HOUSTON TX 77064		
	EFILE1234@INCFILE.CC	City/State and Zip Code DM To be used for future annual report in	otification)
For further information c	oncerning this matter, please c	all:	
LOVETTE DOBSON		88846234:	
Name o	f Person	at () Area Code Days	ime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,90 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)
Mailing Addres	<u>s:</u>	Street Address:	
Registration 5	Section	Registration S	
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee, I			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H23000359882 3)))

PRODI	NA LLC	
(Name of the Limited Liability Compa (A Florida Limited	my as it now appears on our records.) Lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000424872	were filed on09/12/2023	3 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 "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6016 Nw 116th Pl.	
(Principal office address MUST BE A STREET ADDRESS)	Unit 404	
	Doral, FL 33178	
Catanana matting address if annihilar	6016 Nw 116th Pt.	
Enter new mailing address, if applicable: (Mailing address MANRE A BOST OFFICE BON)	Unit 404	:
(Mailing address MAY BE A POST OFFICE BOX)	Doral, FL 33178	1.1.7
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida sireci address	
	, Florida	ı
	Cay	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree 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 my duties, and 1, provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
If Char	wing Registered Agent Signature of New	s 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:

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MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Ainoa Vicente	6016 Nw 116th Pl.	□Add
		Unit 404	□Remove
		Doral, FL 33178	
			ElAdd
			□Remove
			🗆 Change
			□Add
			□Remove
			Thange
			□ Add
			□Remove
			[] Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove

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		Kinga Wicenic
Ainaa Maanta		Signature of a member or authorized representative of a member
AUDA WEDIE		Ainoa Vicente
Typed or printed name of signee		

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