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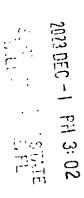
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COVER LETTER

O: Registration Section Division of Corporations		
UBJECT: Pros (vedit Pros (LC)) 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:		
Jewels Allen Name of Person		
Plues credit Pres "LLC" Firm/Company		
269 N. UNIVERSITY DR SUITE - J		
Pembrok Pines FL 33024 City/State and Zip Code		
Pinescrediffros Gamail com E-mail address: (to be used for future annual report notification)	4 B	
For further information concerning this matter, please call:	2023 U	Z.]
Jewels Allen =1(305, 930-2718		
Name of Person Area Code Daytime Telephone Number	PH	
Enclosed is a check for the following amount:	3: 02 STATE	- 44
(additional copy is enclosed) Certified	e of Status &	

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

lines evedit Pro	0's "L(C"
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) red Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on $9/25/23$ and assigned
Florida document number <u> </u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	269 Nuniversity DR suite-J
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines FL 33024
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offices	269 NUNIVERSITY DR SUITE-J Pembroke Pines FC 33024 ce address on our records, enter the name of the new registered
agent and/or the new registered office address here:	0
Name of New Registered Agent: Oel New Registered Office Address: 269 N	Wels Allen DE & CONTROL OF RENTER Florida street address
Peun bro	City City Sp Code

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

f 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 Type of Action **Address** <u>Title</u> Name 269 W UNIVERSITY DR SUHE-DAGG Jewels Allen PEMBroke Pines FL 33024 DRemove Alberto, Almodovar 8361-63 pines Boulevard DAdd
Rembroke Pines FL 33624 DRemove ☐ Change _ □Add ☐ Remove \square Add ☐ Remove □Change □Add Remove

□Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 cote: If the date inserted in this block does not meet the applicable statutory filing requirement occument's effective date on the Department of State's records.	(optional) lays after filing ents, this date	.) Pursuant	ad 60.5.0≥ be listed
settlettive date on the iseparation of state's records.		ne 90th da	y after th
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlief listiled. ated			

Filing Fee: \$25.00