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TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
SUBJECT:	PROONA N Name of Lim	ARKET INCY A ited Liability Company	ind livestment 116.
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	- HELTON C	Name of Person	In.
		Firm/Company	
	4		s 23
	6.0.30x	77/03/ Address	2023 OCT 23
	Mando	City/State and Zip Code CHA 2016 6 g to be used for future annual report noti	77
	E-mail address: (to be used for future annual report noti	fication) $\overline{\alpha}$
For further information co	ncerning this matter, please ca	all:	
HECMA (. Name of	Cerdona	at (401) 50 Area Code Daytim	8 4 5 / 6 e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fec	☐ \$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 Address	-	Street Address:	
Registration S		Registration Sec	
Division of Co P.O. Box 6327	-	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAROUNA MAN	ICETING AND	Invest	mend 11	1
(Name of the Limited Lia)	bility Company as it now appears on or rida Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L 23000 H 74 (o24</u>	company word mod on	lle-2023	and assigned	
This amendment is submitted to amend the following	;			
A. If amending name, enter the new name of the l	imited liability company here:			
The new name must be distinguishable and contain the words "l Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		tion "LLC" or the ab	breviation "L.L.C."	
Enter new mailing address, if applicable:		17 V 20 V 20 V	2023 0	
(Mailing address MAY BE A POST OFFICE BOX)		デードの ファー フェミ	2 4	
			<u></u>	_
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ls, enter the nan	e of the new regi	stered
Name of New Registered Agent:		·	<u>.</u> .	
New Registered Office Address:	Enter Florida str	reet address		
		, Florida	7. 6.1	
	City·		Zip 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 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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fective date, if oti	ner than the da	te of filing	g:	·		(optional)		
n effective date is liste ote: If the date inse	ed, the date must be creed in this block	: specific and c does not n	l cannot be pr nect the ann	ior to date of fi licable statut	iling or more ory filing re	than 90 days	after filing.)	Pursuan vill not	it to 605.02
cument's effective	date on the Depa	rtment of S	state's recor	ds.	ory ming re	quittions	, ms date	will not	oc listed
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