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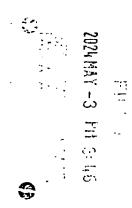
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COVER LETTER

TO:

Registration Section

Division of Co	rporations				
	A Prahl Holdings LL	С			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	William	A Prahl			
	_	Name of Person			
	W A Prahl	Holding LLC			
		Firm/Company			
	184 Spring D	r			
		Address			
	Rotonda West	Florida 33947			
		City/State and Zip Code			
	billprahl@goag				
	E-mail address: (to be used for future annual report no	otification)		
For further information	concerning this matter, please co	ail:			
William A P	rahl	at (613) 334-53	74		
Name (of Person		me Telephone Number		
Enclosed is a check for t	the following amount:				
□ \$25.00 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 Addre Registration		Street Address: Registration S	ection		
Division of (Corporations	Division of Corporations The Centre of Tallahassee			
P.O. Box 63: Tallahassee,			roe Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

bility Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on ___ Dec_ 11_2023 and assigned Florida document number L23000546451 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PRAHL HOLDING LIMITED LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 184 SPRING Dr Enter new principal offices address, if applicable: Rotonda West Florida 33947 (Principal office address MUST BE A STREET ADDRESS) 184 Spring Dr Enter new mailing address, if applicable: Rotonda West Florida (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: William A Prahl Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Florida

184 Spring Dr Rotonda West

Cirv

Enter Florida street address

If amending Authorizéd Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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record specifies a	delayed effectiv	e date, but not a	an effective ti	me, at 12:01	a.m. on the e	arlier of: (b)	The 90th day	after the
Dated April	19		2024					
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		William	nA	fred!				_
		Signature of a m	ember of author	orized represen	ntative of a me	nber		

Filing Fee: \$25.00