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Division of Corporations

Fax Number

3052201440

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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2024 DEC 11 11-12: 24

DOOF TEALS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROF-TEAMS, LLC					
(Name of the L	mited Liability Con (A Florida Limite	npany 25 it now appears on ed Liability Company)	our record;)		
The Articles of Organization for this Limited					
Florida document number L24000048840					
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new name	of the limited lis	ability company here-			
N/A		to the state of th			
The new name must be distinguishable and contain the	e words "Limited Lia	bility Company," the designa	ation "LLC" or the abbreviation "LLC"		
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STREET ADDRESS)			220		
			.;		
Enter new mailing address, if applicable:		N/A			
(Muiling address MAY BE A POST OFFICE BOX)					
			72:		
			£.		
 If amending the registered agent and/or gent and/or the new registered office addr 	registered office ess here:	address on our record	is, enter the name of the new registe		
Name of New Registered Agent:	NELSON CO	NTRERAS GALVIZ			
New Registered Office Address:	8580 NW 6TH	LANE UNIT 101			
How Registered Office Address.	-	Enter Florida stre	eel address		
	MAMI		Florida 33126		
		City	Zıp 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.

Welvon Coutn

I 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

3052201440

Title	<u>Name</u>	Address	Type of Action
MGR	RAMIRÉZ, NELSON	7040 SW 17TH TERRACE	·.
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	•		BRemove
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₹ }		MIAMI, FL 33155	;;
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MGR	NELSON CONTRERAS G.	. 7040 SW 17TH TERRACE	5
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		MIAMI, FL 33155	
ι,			□Remove
· ·			:
			□ Change
MGR	LEILA CONTRERAS G.	7040 SW 17TH TERRACE	v1 •
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific and c ck does not me	cannot be prior t	a day - CCV		optional) safter filing.) Pursu s, this date will no	ant to 605.0207 of be listed as
record specifies a delayed effective is filed.	date, but not a	n effective tin	ne, at 12:01 a.i	n. on the earlier o	of: (b) The 90th	day after the
NOVEMBER, 05 Melven	,	2024				
1. /	\circ					

Typed or printed name of signee