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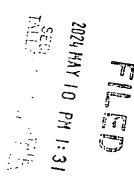
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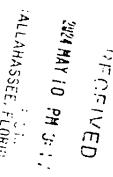
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COVER LETTER

	istration Sec ision of Corp			
SHB IF CT+	PRO SOIUT	TH DEVELOPMENT LLC		
SUBJEX, I.		Name of Lim	nited Liability Company	
The unclosed	Amiolac of A	amondment and for(a) are sub-	omitted for filing	
		amendment and fee(s) are sub	_	
Please return	all correspon	dence concerning this matter	to the following:	
		Charles	Harvey Name of Person	
			Name of Person	
			Firm/Company	
		92 50		
			Address	- · · · - · · · · · · · · · · · · · · ·
		Crawfordville	FL 32327 City/State and Zip Code	
			opment @ Gmeil.com to be used for future annual report notifi	
For further in	formation co	ncerning this matter, please c		
<u>Cho</u>	Mame of	1-lavey	at ($\frac{Q}{SO}$) $\frac{5}{C}$ Area Code Daytime	2739 Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address:		<u>Street Address:</u> Registration Sect	ion
Div	ision of Co	orporations	Division of Corp	orations
P.O	. Box 6327	•	The Centre of Ta	llahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRO SOUTH DEVELOPMENT LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	is as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L24000086011</u> .	were filed on 02/17/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		24 H/
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		The state of the s
(Mailing address MAY BE A POST OFFICE BOX)		35m =
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	171 * 1	
	Florid:	Zin 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

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
MGR	CHARLES E HARVEY	82 JC HARVEY LANE CRAWFORDVILLE, FL	3232 ■ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Channa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 5-10-29
Dated 5-10-24 Clus_ / Signature of a member or authorized representative of a member
CHARLES E HARVEY Typed or printed name of signee

Filing Fee: \$25.00