L24000171183

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COVER LETTER

10:	Division of	n Section Corporations	1	•		
CUD IF	CT.	Pro Pals	Advisors			
SUBJE	CI:	<u> </u>	·	nited Liability Company		
The enc	losed Article	s of Amendme	ent and fee(s) are sub	omitted for filing.		
Please r	eturn all corre	espondence co	ncerning this matter	to the following:		
			Tena p	Palomino		
				Name of Person		
			Pro Pals	Advisors.		
				Firm/Company		
			321 Mc	hores Ave		
				Address	·	
			Miami	FL 33134		
		-	Propals	City/State and Zip Code Advisors & 9		
For furti	her informatio	on concerning	E-mail address: (this matter, please c	to be used for future annual	report notification)	
	_	_	•mino	at (713)	785-3126	
	Nai	me of Person		Area Code	Daytime Telepho	one Number
Enclose	d is a check f	or the following	ng amount:			
€ \$25	i.00 Filing Fe		.00 Filing Fee & rtificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Ad	dress:		Street A		
	_	on Section of Corporation	ons		ration Section on of Corporatio	ns
	P.O. Box	-			entre of Tallahas	
	Tallahasse	e. FL 32314	4	2415 N	I. Monroe Street	. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2.

Propais Advisors, LLC		(0) N
(Name of the Limited Liab (A Flor	illty Company as it now appears on our record ida Limited Liability Company)	SD AUG S
The Articles of Organization for this Limited Liability Florida document number <u>L24000177783</u>	Company were filed on 04/10/2024	and assigned 4
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
NA		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent: NA	:	the name of the new register
New Registered Office Address:		
	Enter Florida street addres.	5
		orida
	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 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
AMBR	Tena Palomino	321 Menores Ave	
		Miami FL 33134	
			☐ Change
AMBR	Jorge Palomino	321 Menores Ave	
			□Remove
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			☐ Change
···			□Add
			□ Remove
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			□Remove
			☐ Change
			□ Add
			□ Remove
			□Change

Feetive date, if other than the date of filing:				
Signature of a member or authorized representative of a member (optional) (o				
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Signature of a member or authorized representative of a member (optional) (o				
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neffective 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 605.020 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a current's effective date on the Department of State's records. ecord 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 is filed. ted August 20 , 2024 Signature of a member or authorized representative of a member				
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Signature of a member or authorized representative of a member	August 20	2024		
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Tena Palomino		Signature of a member or author	ized representative of a member	
	Tena Palomino			