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COVER LETTER

TO:

Registration Section
Division of Corporations

PROLOG	IX MANAGEMENT GROUP.	L.L.C	
SUBJECT:	Name of Lim	ited Liability Company	_
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALEJANDRO MARIN		
		Name of Person	
	PROLOGIX MANAGEM	ENT GROUP, L.L.C	
		Firm/Company	
	8350 NW 52nd Terrace St	e 301	
		Address	
	Doral, FL 33166		
	-	City/State and Zip Code	
	marin@prologixmgmt.com		1 1207.
	E-mail address: (to be used for future annual report notification)	, ,
For further information	concerning this matter, please c	all:	
Alejandro Marin		305 321 - 5741 at ()	
Name	of Person	Area Code Daytime Telephone Nur	mber . L. C.
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Mailing Addre Registration Division of G P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit	te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROLOGIX MANAGEMENT GROUP, L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{5/02/24}{1}$ and assigned Florida document number $\frac{1.24000205171}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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	MARIN, LEYANI	8350 NW 52nd Terrace Ste 301	⊊ Add
		Doral, FL 33166	□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			Change
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