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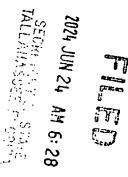
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor					
04100 8826		HT USA LLC				
SUBJEC	CT: Name of Limited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	turn all correspo	ondence concerning this matter	to the following:			
		JUAN M MEDINA GRAT	TEROL .			
			Name of Person			
			Firm/Company			
		Address WEST PALM BEACH, 33409				
	City/State and Zip Code juanmanumedina86@gmail.com					
			to be used for future annual report noti	fication)		
For furthe	er information c	oncerning this matter, please ca	all:			
JUAN M	MEDINA GRA	ATEROL.	33409 3057950197			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	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 Addres		Street Address:			
Registration Section Division of Corporations			Registration Sec Division of Cor			
	P.O. Box 632		Division of Cor The Centre of T	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROHEIGHT USA LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L24000223435 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability N/A The new name must be distinguishable and contain the words "Limited Liabil	were filed on MAY 14,2024 ility company here:	SECRETARIA 5 SECUL AN 6: 28 The abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A N/A N/A	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u> e	e name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:	N / Å Enter Florida street address	_
	N/A	

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 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	JUAN M MEDINA GRATEROL	1441 BRANDYWINE RD, WEST PALM BEACH	□Add
			□Remove
			□Change
MGR	FLOR GUTIERREZ SANDOVAL	1441 BRANDYWINE RD, WEST PALM BEACH	\leftild \text{Add}
			□Remove
			□Change
·			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			🗆 Remove
			□Change
			🗀 Add
			□Remove
			□ Change

AS	S A MEMBER OF THE LLC
_	
_	
_	
_	
_	
m effect o <u>te:</u> If	e date, if other than the date of filing:
ecord : is filed	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
ated	Mem Pedicina. Signature of a member or authorized representative of a member

Filing Fee: \$25.00