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COVER LETTER

TO:	Registration Se Division of Cor		•	•
SUBJE	CT:	PROGRESA Name of Limi	HOY. SVBA	J. Y MAYRA. LL
The end	losed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter t	o the following:	
		М,	AYRA MEN	053
			Firm/Company	
		14524 W	VESSEX ST Address	
			tampa Fl City/State and Rip Code	<u>, 3362</u> 5
		E-mail address: (t	o be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please ca	11:	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$ 25	5.00 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 Address:
Registration Section
Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PROGRESA HOY. SVEN (Name of the Limited Liability Compa (A Florida Limited I	U V MAYRA LLC
	ා co
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400026421</u> 7	were filed on 06 118 / 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
PROSPERA HOY The new name must be distinguishable and contain the words "Limited Liabil	Ity Company," the designation "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	4610 N LOIS AVE, tampa, 71, 33614
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, enter the name of the new registered
Name of New Registered Agent:	4AYPA MENDEZ 1524 WESSEX SF Enter Florida street address
New Registered Office Address:	1524 WESSEX St
	Finer Plorida street address City Street Plorida Street address Zip Code 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
			□Remove
			☐ Change
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