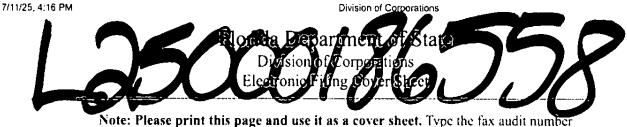
Division of Corporations



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : IG & ASSOCIATES CORP

Account Number : I20240000094 : (305)607-7718 Fax Number : (786)980-2817

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please. .]

Email Address:___

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T. LEMIEUX

JUL 14 2025

7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRONEXCO LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our recor Liability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L25000186558</u>	were filed on 04/25/2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	2025 J
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8426 NW 70 ST	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33166	2 3 5
	8426 NW 70 ST	FINE 25
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33166	 -
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street addre	
	, F	lorida

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

Title	Name	Address	Type of Action
			□ Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
(optional)
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prior to date of fiting or more than 90 days after filing.) Pursuant to 605.0207 (oplicable statutory filing requirements, this date will not be listed as t
ords.
ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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M
authorized representative of a member
annonies representative of a method