## 125000193353

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(1)25/2025

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Hydroshine Pros LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shawn Byrd Name of Person
Hydroshine Pros LLC Firm/Company
2005 Lemon Drive
Lake Walcs, FV 33898 City/State and Zip Code
Shawn byrd 2010 eyahuo.com  H-mail address: (to be used for luture annual report not lifeation)
For further information concerning this matter, please call:
Shawn Byrd at (\$1.30) 528-16393  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25,00 Filing Fee  \$\frac{1}{2}\$\$ \$30,00 Filing Fee  \$\frac{1}{2}\$\$ \$55,00 Filing Fee  \$\frac{1}{2}\$\$ \$60,00 Filing Fee  \$\frac{1}{2}\$\$ \$60,00 Filing Fee  \$\frac{1}{2}\$\$ \$Certificate of Status  \$\frac{1}{2}\$\$ \$Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hudnes	nine Pros L	LC 2025 JET - 3 PH 5: 26
	Company as it now appears on ou imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L15000193353</u>		23 25 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> 2005 L</u>	emon Drive
(Principal office address MUST BE A STREET ADDRE.	iss, lake V	Vaks, FL 33898
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2005 l lake l	Lamon Driver Naus, Fr 33898
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		Florida
	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 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	Shawn Byrd	2005 Lemon Drive	UVAdd
		Lave Wales, Fr 335	78 (Remove
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). 11 aiii	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(li`an ei <u>Note:</u>	ive date, if other than the date of filing:
the reco	rd 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 fed.
Dated	<u>May 30. 2025.</u> Subul
	Signature of a member or authorized representative of a member
	Shawn Byrd Typed or printed name of signee

Filing Fee: \$25.00