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JIVISION OF CORPORATION

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T. MATTHEWS
JUN - 7 2022

COVER LETTER

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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Senditu SUBJECT:	ires LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Ronen Wolf		
		Name of Person	
	Senditures LLC		
		Firm/Company	
	3970 Oaks Clubhouse Dri	vc. 207	
		Address	
	Pompano Beach, FL 3306	9	
		City/State and Zip Code	
	support@senditures.com		
	E-mail address:	(to be used for future annual report noti	fication)
For further informati	on concerning this matter, please of	call:	
Ronen Wolf		954 673-5134	
Name of Person			e Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe	e S30.00 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 Ad		Street Address:	
_	on Section of Corporations	Registration Sec	
P.O. Box		Division of Cor The Centre of T	_

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION: ILLER OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

Senditures LLC

22 APR 21 PH 1:07

<u>-Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears ted Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Comparing Florida document number <u>L20000141188</u>	any were filed on 5/23	/2026 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company her	œ:
The new name must be distinguishable and contain the words "Limited L.	iability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2637 E Atlantic f	Blvd # 1327
(Principal office address MUST BE A STREET ADDRESS	Pompano Beach	FL 33062
Enter new mailing address, if applicable:	2637 E Atlantic I	Blvd # 1327
(Mailing address MAY BE A POST OFFICE BOX)	Pompano Beach	FL 33062
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our re	cords, enter the name of the new registered
New Registered Office Address: 2637 E Atla	intic Blvd # 1327	
	Enter Florid	la street address
Pompano Bo	each	Florida 33062
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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
			Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			Add
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			□ Change
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			□Add
			□Remove
			□Change

an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. record 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 is filed.					
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