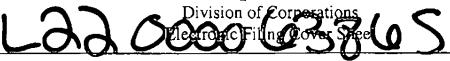
Florida Department of State



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		V 0V
	Division of Corporations	~ ~
	Fax Number : (850)617-6383	Y OF
From:		1 - 1
	Account Name : SG PROJECT MANAGEMENT LLC	9 9
	Account Number : I20220000151	56 56
	Phone : (754)226~4414	; , 01
	Fax Number : (954)613-4136	
ter the en annual r	mail address for this business entity to be us eport mailings. Enter only one email address paress:	ed for future
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Certificate of Status	0
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Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PULSE -COMMUNICATION, MARKETING & EVENTS, LLC

(Name of the Limited Liability Company as it pow souther on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number 1.22000063865	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liable	Hity company here:	
The new name wust be distinguishable and contain the words "Limited Liabil	ity Company," the designation "Li	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1835 E HALLANDALE BE HALLANDALE BEACH, F	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	rett
	.1	Florida
	City	Zıp Code

New Registered Agent's Signature, II 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

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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 = M AMBR = A	lanager uthorizzd Member		
Title	Name	<u> तत्वेक</u>	Type of Action
AMBR	RICARDO BARBOSA LIMA	SHTQ TRECHO 1, QUADRA 04, CONJUNTO 05	□Add
		CASA 65, TAQUARI - LAGO NORTE	<u>MRomovc</u>
		BRASILIA - DF - 71551420	DChange
AMBR	RICARDO DOS SANTOS PARANHOS	SHTQ TRECHO 1, QUADRA 04, CONJUNTO 05	MAdd
		CASA 65, TAQUARI - LAGO NORTE	DRemove
		BRASILIA - DF - 71551420	Change
	·		
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mend	ting any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>te:</u> If	edate, if other than the date of filing: (optional) the date is fined, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
cord :	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
	4122
tod	The same of the sa
	Signature of a metabor all adultorized representative of a member
٠	CARLA CRISTINE GONCALVES DE SOUZA Typed or orfated name of algree

Filing Fee: \$25.00

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