L22000458229

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10/22/2025

COVER LETTER

	Registration Se Division of Cor			
erin inv	VOLSIGN/	ALS, LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		JASON CATARINEAU		
			Name of Person	
		CATARINEAU & CATA	RINEAU, LLC	
			Firm/Company	
		91750 OVERSEAS HIGH	WAY	
			Address	
		TAVERNIER, FL 33070		
			City/State and Zip Code	
		JASON@TAXCATCPA.C		of Constitution V
For furthe	er information co	e-mail address: (concerning this matter, please e	to be used for future annual report no all:	ancation)
JASON C	CATARINEAU		305 852-4833	
	Name of	Person	Area Code Daytii	me Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	0 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 S		Street Address: Registration Se	ection
Ī,	Division of C	orporations	Division of Co	orporations
	P.O. Box 632 Fallahassee, F		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

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

VOLSIGNALS, LLC

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(A Flor	rida Limited Liability Company)	;
The Articles of Organization for this Limited Liability Florida document number L22000458229	/ Company were filed on 10/25/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:	,	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	du .

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	<u>Name</u>	Address	Type of Action
AMBR	DXY HOLDINGS, LLC	320 GOLD AVE. SW SUITE 620 PMB 1703	□Add
		ALBUQUERQUE. NM 87102	■Remove
			□Change
MGR	VLADLENA ROOS	34 SEAGATE BLVD	= Add
		KEY LARGO, FL 33037	□Remove
			□Change
MGR DANIEL ROOS	DANIEL ROOS	34 SEAGATE BLVD	
		KEY LARGO, FL 33037	Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			∏Change

ffect	tive date, if other than the date of filing: (optional)
`an cf	fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ment's effective date on the Department of State's records.
	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
l is f	
	8/29/2028
Jated	
aled	Dan R
ated	Signature of a member or authorized representative of a member Daniel Roos