

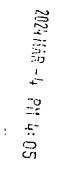
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COVER LETTER

TO:

Registration Section

Division of Cor	porations						
GROOVYO	CARGO LLC						
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	indence concerning this matter	to the following:					
	ARABEL ROMERO GALBAN						
	Name of Person						
	SynerLinx Ventures LLC						
	Firm/Company						
	9854 SW 7TH TERRACE						
	 	Address					
	MIAMI, FLORIDA, 3317	4					
		City/State and Zip Code					
	ARABELRG@ICLOUD.C	OM to be used for future annual report no	otification)				
For further information c	oncerning this matter, please c		,				
ARABEL ROMERO GA	ALBAN	786 8437398					
Name of Person		at () Area Code Dayti	ime Telephone Number				
Enclosed is a check for the	ne following amount:						
■ \$25.00 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 Section		Street Address: Registration S	Section				
Division of Corporations		Division of C	Division of Corporations				
P.O. Box 632			The Centre of Tallahassee				
Tallahassee, FL 32314		Z415 IV. MION	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GROOVYCARGO LLC					
(Name of the Limited Liab (A Flori	ility Compa da Limited I	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were filed on 69/08/2023 Florida document number 1.23000419238					gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liabi	ility company her	<u>e</u> :		
SynerLinx Ventures LLC					
The new name must be distinguishable and contain the words "Li	mited Liabil	ity Company," the des	ignation "LLC" or the abb	reviation "L.L	C."
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STREET ADD	DRESS)	N/A		207	
•		N/A		2024 1548	; ;
				50	
Enter new mailing address, if applicable:		N/A		7=-	
(Mailing address MAY BE A POST OFFICE BOX)		N/A		P:	 ,
		N/A		₹.	
				9	
B. If amending the registered agent and/or register agent and/or the new registered office address here		address on our rec	cords, <u>enter the name</u>	of the new	registere
Name of New Registered Agent: N/A					
New Registered Office Address: N/A	-,				
		Enter Floria	la street address		
N/A			, Florida N/A		
		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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
N/A	N/A	N/A	□Add
		N/A	□ Remove
		N/A	☐Change
N/A	N/A	N/A	
		N/A	□Remove
		N/A	☐ Change
N/A	N/A	N/A	□ Add
		N/A	
		N/A	
N/A	N/A	N/A	DAdd
		N/A	□Remove
		N/A	
N/A	N/A	N/A	□Add
		N/A	□Remove
		N/A	
N/A	N/A	N/A	□Add
		N/A	□Remove
		N/A	Ba

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after the

Dated ______ February 27 ______ 2024

Signature of a member of authorized representative of a member

ARABEL ROMERO GALBAN

Typed or printed name of signee