

8/10/23, 4:27 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L14000133820

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : ELO ENTERPRISES, INC
 Account Number : I20150000109
 Phone : (561)544-8862
 Fax Number : (954)697-0130

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sales@eloenterprises.us

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 ONEVOX SOLUTIONS LLC

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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2023
 11 AM 9:34

Electronic Filing Menu Corporate Filing Menu T. LEMIEUX
 Hel AUG 14 2023

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ONEVOX SOLUTIONS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/15/2016 and assigned Florida document number L16000133820.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 4700 NW BOCA RATON BLVD
(Principal office address MUST BE A STREET ADDRESS) #202
BOCA RATON, FL 33431

Enter new mailing address, if applicable: 4700 NW BOCA RATON BLVD
(Mailing address MAY BE A POST OFFICE BOX) #202
BOCA RATON, FL 33431

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------|----------------------|--|
| MGR | DE SOUZA LINS, RODRIGO | 1345 S CAPITOL SW ST | <input type="checkbox"/> Add |
| | | UNIT 923 | <input type="checkbox"/> Remove |
| | | WASHINGTON, DC 20003 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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