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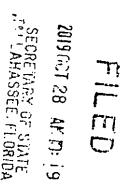
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COVER LETTER

TO: Registration : Division of C			
SOFTEX SUBJECT:	PERTS US LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	AKASH SHARMA		
	***************************************	Name of Person	
		Firm/Company	
	74 HOPKINS AVE UNIT	A	
		Address	<u> </u>
	JERSEY CITY, NJ 07306		
	-		
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
AKASH SHARMA		201 777-3378	
Name	Firm/Company 74 HOPKINS AVE UNIT A Address JERSEY CITY, NJ 07306 City/State and Zip Code ADYIN.CPA@OUTLOOK.COM E-mail address: (to be used for future annual report notification) in concerning this matter, please call:		
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
MAI	LING ADDRESS:	STREET/COURII	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOFTEXPERTS US LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L19000125388	were filed on MAY 8, 2019	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
WEB SQUAD LLC					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."			
Enter new principal offices address, if applicable:	2423 SW 147TH AVE STE 768				
(Principal office address MUST BE A STREET ADDRESS)	ESS) MIAMI, FL 33185				
Enter new mailing address, if applicable:	74 HOPKINS AVE UNIT A				
(Mailing address MAY BE A POST OFFICE BOX)	JERSEY CITY, NJ 07306	-			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	ffice address on our records, enterg:	2019 On 28 AM D: 19 SECRE ARY OF NIATE ARY SEE: FI ORIGINA			
	Florida				
	Ciry	Zıp 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			☐ Change
			□ Remove
			Change
		 	Add
			☐ Remove
			Change
			□ Remove
			Change
		*	Remove
			☐ Change
<u></u>			
			Remove
			☐ Change

				
				
				
				
				
ective date, if other than the effective date is listed, the date must e: If the date inserted in this bloument's effective date on the De	be specific and cannot be prior ck does not meet the applic	able statutory filing req		
record specifies a delayed he 90th day after the reco		t an effective time	, at 12:01 a.m. on the	earlier o
, OCTOBER 21	2019			
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ed CTOBER 21	dhard	orized representative of a		

Page 3 of 3

Filing Fee: \$25.00