12/27/23, 3:52 PM

Division of Corporations

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.

(((H23000439808 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PRIME INCOME TAX AND ACCOUNTING LLC

Account Number : I20210000201 : (561)409-3106 Phone Fax Number : (561)952-0315

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BIG STRENGTH CORPORATION

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COVER LETTER

TO: Registration S Division of Co			
SYSTECH			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LUIZ ANTONIO CORDE	IRO FILHO	
		Name of Person	
		Finn/Company	
	3651 FAU BOULEVARD		
		Address	
	BOCA RATON FL 33431		
		City/State and Zip Code	
	PRIMEINCOMETAX1@G	MAIL.COM to be used for future annual report noti	Gastian
For further information	concerning this matter, please c	·	nearon
	-	561 400 2310	
LUIZ ANTONIO COR	of Person		e Telephone Number
.Name	or reison	Area Code Dayona	e retephone .valitoer
Enclosed is a check for	the following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations Fallahassec e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SYSTECH LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 08/20/2019	and assigned	
Florida document number L19000212509			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	<u>. :</u>	
		•	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
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>enter the n</u>	ame of the new registere	
Name of New Registered Agent:			
D 1005 All			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	Cip	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I a	m familiar with and	

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>	Address	Type of Action
MGR	SAP GROUP LLC	9105 CARRINGTON AVE	⊒ Add
		PARKLAND-FL 33064	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			
			□Remove
			☐ Change
			□Remove

PLEASE ADD SAP GROUP L	.LC	
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E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	e specific and cannot be prior to date of filing or more than 90 days after filing.) Purs k does not meet the applicable statutory filing requirements, this date will a	uant to 605.0207 (3), not be listed as the
If the record specifies a delayed effective decord is filed.	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t	h day after the
Dated DECEMBER 27	2023	
		
	gnature of a member or authorized representative of a member	
LUIZ ANTONIO CORDE	IRO FII HO	
— — — — — — — — — — — — — — — — — — —	Typed or printed name of signee	

Filing Fee: \$25.00