

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.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : WHITEBIRD
Account Number : 120200000041
Phone : (321)327-5580
Fax Number : (321)327-5655

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

Email Address: grobioson@semantic worx, com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN XTENSIBLE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

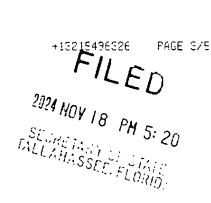
Help

COVER LETTER

TO: Registration Sec Division of Corp						
	olutions, LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
	ndence concerning this matter					
	Bradley F. White					
		Name of Person				
	WhiteBird, PLLC					
		Firm/Company				
	2101 Waverly Place					
	-	Address				
	Melbourne, FL 32901					
		City/State and Zip Code	 			
	grobinson@semanticworx.c					
		to be used for future annual report notific	eation)			
For further information of	oncerning this matter, please c	all:				
Bradley F. White		321 327-5580 at ()				
Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre Registration	Section	Street Address: Registration Sect				
Division of C P.O. Box 632	•	Division of Corp The Centre of Ta				
Tallahassee.			Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Xtensible Solutions, LLC	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) vida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on November 3, 2020 and assigned
Florida document number	·
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the	limited liability company here:
SemanticWorx Solutions, LLC	
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:	
(Principal office address MUST BE A STREET AL	DDRESS)
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, enter the name of the new registered re:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	pt. 11.
_	, 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

2024-11-18 (7:47 MST - +13215496326 PAGE 4/5

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
·			□Add
			☐ Remove
			Change
			Add A
			ORemore P 5: 20
		□Add ? 20	
			Change
			□Add
			□Remove
			☐ Change
			DAdd
			□ Remove
			□Change
			□Add
			□Remove

· ____ Change

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E. Effective date, if other than the date of füling: (optional) (if an effective date is listed, the date must be specified and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0. Note: if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.	
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Dated November 18 2024	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	