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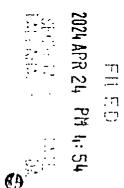
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## **COVER LETTER**

	Registration S Division of Co					
SUBJEC	Salarus Solutions LLC					
SOBILE	··	Name of Lim	ited Liability Company			
The enclo	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all corresp	ondence concerning this matter	to the following:			
		Meagan A				
			Name of Person			
		ZenBusiness Inc.				
			Firm/Company			
		336 E College Ave # 301				
		Address				
		Tallahassee, FL 32301				
		City/State and Zip Code				
		ification				
For furthe	er information	concerning this matter, please co	to be used for future annual report not all:	,		
ZenBusin	ess, c/o Meag	an A	844 4936249 at ( )			
Name of Person			ne Telephone Number			
Enclosed	is a check for	the following amount:				
<b>№</b> \$25.0 Fee	00 Filing	☐ \$30.00 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		Street Address:			
Registration Section Division of Corporations			Registration Se			
	O Boy 63	-	Division of Cor			

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salarus 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  $\frac{01/12/2021}{1}$ and assigned Florida document number 1.21000028083 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 "LLC." 376 Thorneliff Lndg Enter new principal offices address, if applicable: Acworth, GA 30101 (Principal office address MUST BE A STREET ADDRESS) 376 Thorneliff Lndg Enter new mailing address, if applicable: Acworth, GA 30101 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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 a 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mariana Torres	13718 SAW PALM CREEK TRL BRADENTON, FL 34211	□ Add
			□Remove
			!ÑChange
AMBER	Chris Dumesnil	376 Thorncliff Lndg Acworth, GA 30101	□Add
			Remove
			<b>∑</b> Change
			□Add
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he recor ord is fi	rd specifies a delayed effe lled.	ective date, but not	an effective tim	e, at 12:01 a.m	a. on the earlier of: (	b) The 90th day a	fter the
Dated	April 10		, 2024	_ '			
	/s/ Chris Dumesn	il					
		Signature of a	member or author	zed representati	ve of a member		
	C	Chris Dumesnil					
	<del></del>		Typed or printed	name of signee			

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