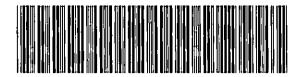
L21000037139

| (Requ | uestor's Name) | |
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| (Addı | ress) | _ |
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| PICK-UP | MAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | iling Officer: | |
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Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

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| IS CONSULTING LLC | | |
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| **PLEASE FILE THE ATTACHED AND RETURN** | | |
| Plain Copy | ور معروب | IN " |
| Certified Copy | | |
| Certificate of Status | | |
| Certified Copy of Arts & Amendments | | |
| Certificate of Good Standing | · ·, | , °P |
| **APOSTILLE' / NOTARIAL CERTIFICATION** | | |
| DN | _ | |
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| ACCOUNT #: I20160000072 | | |
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| | Plain Copy Certified Copy Certificate of Status LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing **APOSTILLE' / NOTARIAL CERTIFICATION** DN ES REQUESTED ACCOUNT #: 120160000072 | **PLEASE FILE THE ATTACHED AND RETURN** Plain Copy Certified Copy Certificate of Status LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing **APOSTILLE' / NOTARIAL CERTIFICATION** DN ES REQUESTED ACCOUNT #: 120160000072 |

COVER LETTER

| | | ration Secon of Corp | | | | |
|-----------|--------------|----------------------|---|---|--|--|
| SHB IE C | √r. V | ERVERIS | CONSULTING LLC | | | |
| SUBJEC | -l: <u> </u> | | Name of Lim | ited Liability Company | | |
| The encl | osed A | rticles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | turn al | l correspor | ndence concerning this matter | to the following: | | |
| | | | VERVERIS CONSULTIN | G LLC | | |
| | | | | Name of Person | | |
| | | | ZENBUSINESS PBC | | | |
| | | | | Firm/Company | · · · · · · · · · · · · · · · · · · · | |
| | | | 5900 BALCONES DR ST | E 5000 | | |
| | | | | Address | | |
| | | | AUSTIN, TX 78731 | | | |
| | | | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | | |
| | | | FULFILLMENT@ZENBU | | | |
| | | | E-mail address: (| to be used for future annual rep | ort notification) | |
| For furth | er info | rmation co | ncerning this matter, please ca | all: | | |
| LEANA | GUZ | MAN | | 844 493-6 | • | |
| | | Name of | Person | Area Code | Daytime Telephone Number | |
| Enclosed | l is a cl | neck for the | e following amount: | | | |
| \$25.0 | 00 Fili | ng Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | Certificate of Status Certified Copy (additional copy is enclose | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERVERIS CONSULTING LLC

2021 MAR 19 AH 10: 01

(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 $\frac{01/19/2021}{2000}$ and assigned Florida document number L21000037139 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 'Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany 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>Name</u> | Address 2021 MAR 19 AM 10: 01 | Type of Action |
|---------------------------|---------------------------------|---|
| Despina Victoria Ververis | 14137 Serena Lake Drive | |
| | Orlando. Fl. 32837-4785 | |
| | | Remove |
| | | Change |
| Anson Hira | 14137 Serena Lake Drive | ■ Add |
| | Orlando, FL 32837 | |
| | | Remove |
| | | Change |
| Despina Victoria Ververis | 14137 Serena Lake Dr | = Add |
| | Orlando, FL 32837-4785 | |
| | | Remove |
| | | Change |
| John Nicholas Ververis | 5451 Millenia Lakes Blvd 201 | Add |
| | Orlando, FL 32839 | |
| | | LI Remove |
| | | ☐ Change |
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| | Despina Victoria Ververis | Despina Victoria Ververis Anson Hira 14137 Serena Lake Drive Orlando, FL 32837-4785 Orlando, FL 32837 Despina Victoria Ververis 14137 Serena Lake Drive Orlando, FL 32837 John Nicholas Ververis 5451 Millenia Lakes Blvd 201 Orlando, FL 32839 |

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| (If an effectiv <u>Note:</u> If the | date, if other than the day date is listed, the date must be the date inserted in this block is effective date on the Department. | be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (ck does not meet the applicable statutory filing requirements, this date will not be listed as t |
| | d specifies a delayed on the day after the recor | effective date, but not an effective time, at 12:01 a.m. on the earlier of: rd is filed. |
| Dated Ma | arch 18 | . 2021 |
| | | |
| | /s/ Anson Hira | |
| | | ignature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00