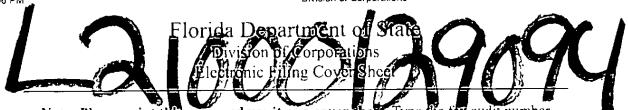
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193 Phone : (407)552-7903 Fax Number : (407)449-2348

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COMPLEX SERVICES BR LLC

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Tallahassee, FL 32314

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COVER LETTER

TO: Registration Se Division of Cor				
	SERVICES BR LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CI.AUDIA LIMA			
		Name of Person		
	CLAUDIA LIMA TAX &	ACCOUNTING LLC		
		Firm/Company		
	9100 CONROY WINDER	MERE RD STE 200 OFFICE 241		
		Address		
	WINDERMERE, FL 3478	WINDERMERE, FL 34786		
		City/State and Zip Code		
	INFO@CLAUDIALIMATA			
		to be used for future annual report noti	fication)	
For further information of	concerning this matter, please ca	all:		
CLAUDIA LIMA		407 5527903		
Name c	f Person	Area Code Daytim	ne Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address:		
Registration Division of C		Registration Se Division of Cor		
P.O. Box 633	•	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter F.	records, enter the name of the new region of the
Name of New Registered Agent: New Registered Office Address:	PH 6: 14 YOF STATE
Name of New Registered Agent:	PH 6:
agent and/or the new registered office address here:	PH 6:
	Y OF
	-
	records, <u>enter the name of the hew regi</u>
	a - Par - areas
Maning unaress BIAT DE A FOOT OF FICE DOAY	776
Mailing address MAY BE A POST OFFICE BOX)	√° ~
Enter new mailing address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
• •	
inter new principal offices address, if applicable:	
he new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
GROUNDFORGE SOLUTIONS LLC	
a. If amending name, enter the new name of the limited liability company	here:
his amendment is submitted to amend the following:	
Torida document number L21000129094	
The Articles of Organization for this Limited Liability Company were filed on	03/18/2021 and assigned
	02/18/2021
(<u>Name of the Limited Liability Company as it now appe</u> (A Florida Limited Liability Company	7

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.

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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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			[Change
			□Add
			□ Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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FAX

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Filing Fee: \$25.00

Typed or printed name of signee