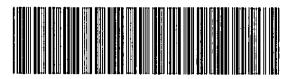
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	ation Section n of Corporatio	ons	new	nane	
SUBJECT:	Itx S	olutions, L Name of Limi	E		
The enclosed Ar	ticles of Amend	ment and fee(s) are subt	mitted for filing.		
Picase return ail	correspondence	concerning this matter (to the following:		
	_	Sara	Canepo Name of Person	٥	
	_	Itx S	olutions, Firm/Company	uc	
		5035 7	Tennifer Address	PL	
		Scanep	City/State and Zip Coc Coch Not mo	il.com	
For further infor	mation concerni	ng this matter, please ca	И:	·	
Sara		pa	at (321)_	202 -	0007
	Name of Person		Area Code	Daytime Teleph	one Number
Enclosed is a cho	eck for the follo	wing amount:			
\$25.00 Filing		30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is o		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Comited Link Lite. Common

(Name of the Limited Liab (A Flor	bility Company as rida Limited Liabili	it now appears on ou ty Company)	r records.)	winjur ig	
The Articles of Organization for this Limited Liability Florida document number $\bot2100018641$		filed on $\frac{4/\lambda}{}$	1/2021	and assigned	
This amendment is submitted to amend the following:	:				
A. If amending name, enter the new name of the li	mited liability	company here:			
The new name must be distinguishable and contain the words "L					_
The new name must be distinguishable and contain the words "L	Limited Liability Co	ompany," the designation	on "LLC" or the at	obreviation "L.L.C."	
Enter new principal offices address, if applicable:					-
(Principal office address MUST BE A STREET ADI	DRESS)	<u> </u>			-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or register agent and/or the new registered office address here		ess on our records	, enter the nan	ie of the new registe	<u>red</u>
Name of New Registered Agent:	Sara	Canepo	\	<u> </u>	-
New Registered Office Address:	5035	Jennifer	PL	! 	
	<u>Orlando</u>	Enter Florida stree	et address , Florida	30807 &	-

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

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>	<u>Address</u>	Type of Action
MGR	Sara Canqua	5035 Jennifer PL Orlando, FL 32807	MAdd
			□Remove
			□ Change
and city	Jalel Bagga		🗆 Add
			ixemove
		 	□Change
			□Add
			□Remove
			□Change
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41					
If an effective date is lis <u>Note:</u> If the date in:	other than the date sted, the date must be sp serted in this block do te date on the Departn	ecific and cannot be poses not meet the app	olicable statutory fi	more than 90 days after fi ing requirements, this o	n al) ling.) Pursuant to 605.0207 late will not be listed as t
e record specifies a c d is filed.	lelayed effective date	, but not an effectiv	e time, at 12:01 a.r	n, on the earlier of; (b)	The 90th day after the
Dated May	12	20S			
	Signar	us of a member or a	uthorized representat	ve of a member	