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Division of Corporations 12/16/24, 9.58 AM

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453

Fax Number : (877)919-2613

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

EFILE1234@INCFILE.COM Email Address:____



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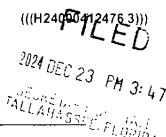
COVER LETTER

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TO: Registration S Division of Co					
		OZ SOFTWARE LLC			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	LOVETTE DOBSON				
		Name of Person			
		Firm-Company			
	17350 STATE HWY 249 9	STE 220			
		Address			
	HOUSTON TX, 77064				
	EFILE1234@4NCFILE.CO				
For further information	F-mail address: (concerning this matter, please o	to be used for future annual report not all:	(fication)		
LOVETTE DOBSON		at () Area Code Daytin	5,3		
Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for (the following amount:				
■ \$25,00 Filing Fee	[] \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314			rananassee be Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SWIMCARDZ SOFTWARELLC

(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 ___ and assigned 1.21000202909 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: SENSE52 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 ADDRESS) Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

12/23/2024 00:11:29 CST 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: {((H24000412476 3))}

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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