Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEGACYFX ROBOTIX LLC

Certificate of Status Certified Copy Page Count Estimated Charge

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Electronic Filing Menu

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To: -18506176383

From: Vcorp Services, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGACYFX ROBOTIX LLC					
(<u>Name of the Limited Liability Comna</u> (A Florida Limited I	ny as it now appears on our records.)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000281702</u>		and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or the a	obreviation "L L.C."			
Enter new principal offices address, if applicable:	7600 Majorca Place				
(Principal office address MUST BE A STREET ADDRESS)	Apt 2047				
	Orlando, FL 32819				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nau	Period the new registered			
Name of New Registered Agent:		<u> </u>			
New Registered Office Address:	Enter Florida street address Florida	O PHIZ: 07			
	City	A Rode O			
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 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

Title	Name	Address	Type of Action
MGR	MS Enterprise Holdings LLC	924 N Magnolia Ave	□ Add
-	_	Suite 202 PMB 1328	□Remove
		Orlando, Ft. 32803	= Change
			□ Add
			□Remove
			□Change
			🗆 Add
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			□Change

From: Vcorp Services, LLC

amending any other informa					_
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record specifies a delayed effectiv	e date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) Ti	·周···································	ies the
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Michael	Swicit				-
Michael	Signature of a member or au	thorized representative of	a member	FLORIB	.≥ .≖