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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future containings. Enter only one email address please.\*\*

... Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STARKCLOUD, LLC

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M. SOLOMON

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STARKCLOUD, LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	<del>- 1</del>
The Articles of Organization for this Limited Liability Compa	ny were filed on 01/28/2022	and assigned
Florida document number L22000032686		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
STARKCLOUD USA, LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abl	oreviation "L.L.Ç
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)		
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B. If amending the registered agent and/or registered offic	ce address on our records, <u>enter the nam</u>	e of the new registe
gent and/or the new registered office address here:		Ţ
N. C. O. Davistand Assets		<i>i</i> > 3
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	:  \bar{\bar{\bar{\bar{\bar{\bar{\bar{
	Florida	
	City	Zip Code

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jorge Seguel	2320 PONCE DE LEÓN BLVD	<b>=</b> Add
		CORAL GABLES, FL 33134	□Remove
			□Change
MGR	HERNANDEZ, ARMANDO	2320 PONCE DE LEON BLVD	🗀 Add
		CORAL GABLES, FL 33134	<b>■</b> Remove
			□Change
MGR	ANDRADE, GUILLERMO	2320 PONCE DE LEON BLVD	□Add
		CORAL GABLES, FL 33134	■ Remove
			□Change
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the De	eck does not meet the appartment of State's reco	oplicable s ords.	tatutory filin <sub>i</sub>	g requirements	, this date will r	not be listed a
record specifies a delayed effective d is filed.			C 12:01 a.m. (	on the earlier o	r: (b) The 90th	i day after the
	2023					
Pated June 12	11	·				
Dated June 12 Zam Whal	Signature of a member or					