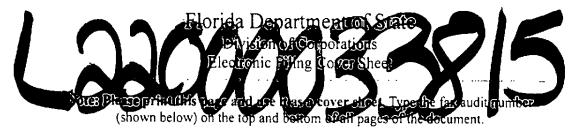
5/14/24, 11:38 AM

Division of Corporations



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To:

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From:

Account Name : TAX SAVERS
Account Number : I20150000107
Phone : (941)625-1925
Fax Number : (941)625-1526

7 - 1 - PM - 1 - 1 - Y

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

Email

គង់ Salvino@ArtacticSolutions.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ICEBERG SOLUTIONS LLC

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T. LEMIEUX MAY 15 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ICEBERG SOLU		
(Name of the Limited Limitely Compar (A Florida Limited I.	ny as it now appears on o	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number L22000033815	, , ,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
ARTACTIC SOLUTIO	ONS LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designa	tion "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)		2024 HAY
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	is. enter the name of the neveregister
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	revi address
		5
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:		- 1

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>	Address	Type of Action
			□Add
			☐Remove
			☐ Change
			□Add
			🗆 Rетюче
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		on, enter change(s) here: (Attach additional sheets, if necessary.)
		
	·····	
		
Note: If t	date, if other than the day we date is fisted, the date must be the date inserted in this block is effective date on the Depart	date of filing:
he record s ord is filed.		date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	MAY 9TH	2024
		form Sono
	Si	Signature of a member or authorized representative of a member
		SHAUNA SALVINO
		Typed or printed name of signee