

L2200063865
Florida Department of State
Division of Corporations
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To: Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PULSE -COMMUNICATION, MARKETING & EVENTS, LLC**

Certificate of Status	0
Certified Copy	0
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2023 MAR 9 9 PM 2:08

MAR 10 2023

H220004032013
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PULSE -COMMUNICATION, MARKETING & EVENTS, LLC

(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 01/28/2022 and assigned
Florida document number L22000063865

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

_____, 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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
AMBR	GONCALVES DE SOUZA, CARLA C	HTQ 04, CONJUNTO 05, CASA 65	<input type="checkbox"/> Add
		BRASILIA, DF 60192-050 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GONCALVES DE SOUZA, CARLA C	SHTQ TRECHO 1, QUADRA 04, CONJUNTO 05 CASA 65	<input checked="" type="checkbox"/> Add
		TAQUARI, LAGO NORTE - BRASILIA 71551-420 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DOS SANTOS PARANHOS, RICARDO	SHTQ TRECHO 1, QUADRA 04, CONJUNTO 06 CASA 65	<input type="checkbox"/> Add
		TAQUARI, LAGO NORTE - BRASILIA 71551-420 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DOS SANTOS PARANHOS, RICARDO	SHTQ TRECHO 1, QUADRA 04, CONJUNTO 05 CASA 65	<input checked="" type="checkbox"/> Add
		TAQUARI, LAGO NORTE - BRASILIA 71551-420 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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