28/07/2022 11:07

Division of Corporations

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TO SECURE AND A SECURE ASSESSMENT AND A SECURE ASSESSMENT ASSESSMEN

lo:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORSUNNYTSILES.COM INC

Account Number : I20200000118 : (305)260-6968 : (786)513-7810 Fax Number

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

Email A	Address:	 	
Email A	\ddress:	 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **4US TECHNOLOGY LLC**

Certificate of Status	0
Certified Copy	0
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JR 28 2022

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4US TECHNOLOGY LLC		
(Name of the Limited Liabili (A Florida	th Commany as It now appears on our records.) a Limited Lightiny Company)	
he Articles of Organization for this Limited Liability C	Company were filed on 4/8/2022	and assigned
lorida document number 1.22000169789		
lorida document number	<u>—</u> .·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	rited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESSI	
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regis	stered office address on our records, enter	the name of the
egistered agent and/or the new registered office add	ress here:	
		全部 💆
Name of New Registered Agent:		
Marine of the Wildered Weller		\$5.50 <b>60</b>
New Registered Office Address:		fai <sub>r</sub> -)
	Enter l'Iorida street address	<b>∑∑</b>
	Florida	9₹ <b>%</b>
<del></del>	City	Ziptione (A)
	·	

## New Rogistered 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

From: Paloma Duarte

(((H22000255197 3)))

2022-07-28 14:11:04 GMT

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 = M AMBR = A Title	anager uthorized Member <u>Name</u>	Address	Type of Action
MGR	Tiago Favaretti	15805 BISCAYNE BLVD STE 201	■ Add
		AVENTURA, FL 33160	П Решюче
			☐ Change
			O Add
			□ Remove
			Change
			C Remove
			Change
			O Add
			🗆 Remove
			Change
			Remove
			☐ Change
<del></del>			O Add
			Remove
			Charge.

From: Paloma Duarte

(((H22000255197 3)))

2022-07-28 14:11:04 GMT

. If amo	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an effi Note:	ve date, if other than the date of filing:  (optional)  crive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cast's effective date on the Department of State's records.
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	TULY, 25
	Significate of a member or nuthorized representative of a member
	Tiago Favaretti

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