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| (Red | juestor's Name) | - |
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| PICK-UP | WAIT | MAIL |
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|---------------|------------------------------------|--|---|--|-------------------|----------|
| SUBJI | $_{ m ECT:}$ DT GLO | BAL TRADING LLC | | | | |
| | | Name of Lim | ited Liability Company | | | |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please | return all correspo | ondence concerning this matter | to the following: | | | |
| | | LEONARDO FIGUEIF | | | | |
| | | | Name of Person | | | |
| | | SOLUTION ADVISI | | | - 11 | 2022 DEC |
| | | | Firm/Company | | -1: | |
| | | 5728 MAJOR BLVE | SUITE 609 | | - | 03.3 |
| | | 0720 WINOON DEVE | Address | | | 0 |
| | | ORLANDO, FL 328 | | ··· | | : n: 38 |
| | | | City/State and Zip Code | | | အ |
| | | services@solutionad | _ | | | |
| | | E-mail address: (| to be used for future annual report n | otification) | | |
| For fur | ther information e | oncerning this matter, please co | ill: | | | |
| Thais | se Ferreira | | at (<u>407</u>) <u>286-55</u> | | | |
| | Name o | f Person | Area Code Dayt | ime Telephone Number | | |
| Enclosi | ed is a check for th | ne following amount: | | | | |
| D \$25 | 5.00 Filing Fee | □ \$30,00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 File Certificat Certified (additional) | e of Stat Copy | |
| | Registr | ING ADDRESS: ation Section n of Corporations | STREET/COU Registration Sec Division of Corp | | | |

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

DocuSign Envelope ID: 08B47664-F713-4528-B35D-0C524B1FDB15 **AKTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION **OF**

DT GLOBAL TRADING LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (A Florida Limited | d Liability Company) | |
|---|--|---------------------------------------|
| The Articles of Organization for this Limited Liability Compan | ny were filed on 04/08/2022 a | nd assigned |
| Florida document number_L22000169949 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Lial | bility Company," the designation "LLC" or the abbreviat | ion "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 2 |
| | | 3 = |
| | | ⊙ |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | · · · · · · · · · · · · · · · · · · · |
| | | <u>න</u> න |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | office address on our records, <u>enter the rere</u> : | iame of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florida | Code . |
| New Registered Agent's Signature, if changing Registered Agent | | |
| I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change. | e performance of my duties, and I am famili provided for in Chapter 605, F.S. Or, if this | ar with and s document is |
| If Ch | anging Registered Agent, Signature of New Registere | d Agent |

DocuSign Envelope ID: 08B47664-F713-4528-B35D-0C524B1FDB15 in amenoing Authorized rerson(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 |
|--------------|--------------------------------------|--------------------------------------|-----------------|
| AMBR | DAYAN OLIVEIRA VAS TOSTES | 3070 PRELUDE LN, KISSIMMEE, FL 34746 | |
| | | | ▼ Remove |
| | | | Change |
| AMBR | MARIA AUGUSTA ROBERTO BRAGA NOGUEIRA | 3070 PRELUDE LN, KISSIMMEE. FL 34746 | 🗹 Add |
| | | | Remove |
| | | | □ Change |
| | | | Add |
| | | | FD Remove |
| | | | N 0 0 Change |
| | | | · D Add · CO |
| | | | _□ Remove |
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| | | | _□ Remove |
| | | | ☐ Change |

| 'Add MARIA AUGUSTA ROBERTO BRAGA NO | GUEIRA and give 50% of company's share |
|--|--|
| · · · · · · · · · · · · · · · · · · · | |
| *DAYNER OLIVEIRA VAS TOSTES continue | es in the company now with 50% of company's |
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| | (optional) for to date of filing or more than 90 days after (filing.) Pursuant to dicable statutory filing requirements, this date will not be |
| ord specifies a delayed effective date, but 90th day after the record is filed. | not an effective time, at 12:01 a.m. on the e |
| • | |
| 12/6/2022 | |
| · | DocuSigned by: |
| · | 100 |
| 12/6/2022 | Docusioned by: 7CABACABABF 9467 uthorized representative of a member |
| 12/6/2022 | 7C40ACABABF9467 |

Page 3 of 3

Filing Fee: \$25.00