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5/1/24, 10:08 AM                                                      Division of Corporations

Florida Department of State
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To:
    Division of Corporations
    Fax Number     : (850)617-6383

From:

    Account Name   : TAXLEAF.COM INC
    Account Number : I20140000084
    Phone        : (305)527-6617
    Fax Number     : (786)713-1940

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

    Email Address:_____

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
### P2P LOG LLC

| | |
|---|---|
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# ARTICLES OF AMENDMENT
## TO
## ARTICLES OF ORGANIZATION
## OF

P2P LOG 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 06/07/2022 and assigned Florida document number L22000261322 .

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: _____
<div align="center">Enter Florida street address</div>

_____, **Florida** _____
<div align="center">City                Zip Code</div>

**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

| Title | Name | Address | Type of Action |
|-------|------|---------|----------------|
| AMBR | DUENAS, PAOLA VIRGINIA | 5537 SHELDON RD. SUITE E | ■ Add |
| | | TAMPA, FL 33615 | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
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To: CORPORATE AMENDMENT  Page: 5 of 5 2024-05-01 14:10.48 GMT 17867131940  From: TAXLEAF.COM INC CONTADORAMERICA.COM

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

_____

_____

_____

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_____

**E. Effective date, if other than the date of filing:** _____ (optional)

(If an effective 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)(b)
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated APRIL 29TH _____ , 2024 _____ .

*PAULO BORASSI*
_____
Signature of a member or authorized representative of a member

PAULO BORASSI
_____
Typed or printed name of signee