

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000275354

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

From:
Account Name : SUNBIZ ONLINE LLC
Account Number : I20210000128
Phone : (305)244-9500
Fax Number : (954)827-9354

****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
THOTH INDUSTRIAL SYSTEMS SRL LLC**

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2022 AUG 10 PM 12:15

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SECRETARY OF STATE
TALLAHASSEE, FL 09000

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AUG 11 2022

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: THOTH INDUSTRIAL SYSTEMS SRL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CATALINA RAMIREZ

Name of Person

SUNBIZ ONLINE LLC

Firm/Company

1401 SAWGRASS CORPORATE PKWY SUITE 200

Address

SUNRISE, FLORIDA 33323

City/State and Zip Code

RODRIGO@SUNBIZONLINE.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATALINA RAMIREZ 305 244-9500

Name of Person at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THOTH INDUSTRIAL SYSTEMS SRL 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 6/16/2022 and assigned
Florida document number L22000275354.

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

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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TALLAHASSEE, FL 32310

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>
MGR	SOFTLAB SRL	AVE. JULIO ROCA 696, 1ER PISO B	<input type="checkbox"/> Add
		CAPITAL FEDERAL. BA CP 163-6 AR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA J. BERTOTTO	BARRIO MACARENA, LOTE 76 RUTA 193	<input checked="" type="checkbox"/> Add
		KM 18.2 CAPILLA DEL SENOR BS AS ZIP 2812	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee