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From:			AS
	Account Name	: 2D CONSULTING ENTERPRISE LLC	
	Account Number	· : 120220000099	(*1) = 1 = Te
	Phone	: (904)382-0889	m
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COVER LETTER

FLOR LOZANO Name of Person 2D CONSULTING ENTERPRISE LLC Firm/Company 2750 TAYLOR AVE SUITE A-50 DOSO SUITES Address ORLANDO, FL 32806 City/State and Zip Code 2DCONSULTINGENTERPRISE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		legistration Se Pivision of Cor				
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: FLOR LOZANO		MINDSET			.,	
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FLOR LOZANO Name of Person 2D CONSULTING ENTERPRISE LLC Firm/Company 2750 TAYLOR AVE SUITE A-50 DOSO SUITES Address ORLANDO, FL 32806 City/State and Zip Code 2DCONSULTINGENTERPRISE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FLOR LOZANO Name of Person 1 904 Area Code Daytime Telephone Number Finclosed is a check for the following amount: 2 560.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Name of Person 2D CONSULTING ENTERPRISE LLC Firm/Company 2750 TAYLOR AVE SUITE A-50 DOSO SUITES Address ORLANDO, FL 32806 City/State and Zip Code 2DCONSULTINGENTERPRISE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FLOR LOZANO Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Malling Address: Registration Section Division of Corporations Nivision of Corporations Street Address: Registration Section Division of Corporations	Please retu	um all correspo	ndence concerning this matter	to the following:		
2D CONSULTING ENTERPRISE LLC Firm/Company 2750 TAYLOR AVE SUITE A-50 DOSO SUITES Address ORLANDO, FL 32806 City/State and Zip Code 2DCONSULTINGENTERPRISE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FLOR LOZANO Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Division of Corporations			FLOR LOZANO			
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2750 TAYLOR AVE SUITE A-50 DOSO SUITES Address ORLANDO, FL 32806 City/State and Zip Code 2DCONSULTINGENTERPRISE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FLOR LOZANO 904 3820889 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\mathbb{C}\$ \$255.00 Filing Fee & Certificate of Status Certificate Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Division of Corporations			2D CONSULTING ENTE	RPRISE LLC		
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FLOR LOZANO Solution Section Street Address: Registration Section Division of Corporations Division Divisi	For further	r information c			ouncation)	
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S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		Name o	f Person	Area Code Dayı	ime Telephone Number	
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	Enclosed i	is a check for th	ne following amount:			
Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	\$25.00	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Division of Corporations Division of Corporations						
P.O. Box 6327 The Centre of Tallahassee	Π	Division of C	orporations	Division of C	orporations	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MINDSET INFLUENCERS LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on or Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compan	y were filed on 02/25/202	22 and assigned
Florida document number L22000336165		
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 Liab	nility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2022
	**************************************	<u> </u>
Enter new mailing address, if applicable:		27 F
(Mailing address MAY BE A POST OFFICE BOX)		Sign ≥ □
		~ 2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	eet 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

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>	Address	Type of Action
AMBR	DAVID PATINO	2730 PARTIN SETTLEMENT RD	= Add
		KISSIMMEE, FL 34744	Remove
			🗀 Remove
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Effective date, if other than the difference of the date is listed, the date must be a listed. If the date inserted in this blood document's effective date on the Dep	k does not meet th	ie applicable statui	iling or more than 90 da tory filing requirement	(optional) ys after filing.) Pursuant its, this date will not l	to 605.0207 be listed as
e record specifies a delayed effective rd is filed.	date, but not an eff	fective time, at 12:	01 a.m. on the carlie	r of: (b) The 90th da	y after the
Dated September 23	, 202				
	Nathalia	Dotina			
	Nasnalle	, acmo			
S			sentative of a member		

Filing Fee: \$25.00