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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016

Fax Number

: (954)903-4036 : (954)246-0340

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

| Email | Address: |  |  |  |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GREENANCE LLC**

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T. LEMIEUX

MAY 07 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GREENANCE  |   |                                       |  |  |  |
|--|---|---------------------------------------|--|--|--|
| ( <u>Name of the Limited Liabilit</u><br>(A Florida  | y Company as it now appears on our records.) Limited Liability Company) |                                       |  |  |  |
| The Articles of Organization for this Limited Liability C Florida document number L22000354288             | ompany were filed on  | and assigned                          |  |  |  |
| This amendment is submitted to amend the following:  |   |                                       |  |  |  |
| A. If amending name, enter the new name of the limi  | ted liability company here:   |                                       |  |  |  |
| Optimus AI LLC   |   |                                       |  |  |  |
| The new name must be distinguishable and contain the words "Lim  | ited Liability Company," the designation "LLC" or t                     | he abbreviation "L.L.C."              |  |  |  |
| Enter new principal offices address, if applicable:  |   |                                       |  |  |  |
| (Principal office address MUST BE A STREET ADDR  | ESS)  | ·                                     |  |  |  |
|  |   | · · · · · · · · · · · · · · · · · · · |  |  |  |
|  |   |                                       |  |  |  |
| Enter new mailing address, if applicable:  |   |                                       |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                                       |  |  |  |
| <del></del>  | ·   | <u> </u>                              |  |  |  |
| ·  |   |                                       |  |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | doffice address on our records, enter the                               | name of the new registere             |  |  |  |
|  |   |                                       |  |  |  |
| Name of New Registered Agent:  |   | 2:1                                   |  |  |  |
| New Registered Office Address:   |   | <u> </u>                              |  |  |  |
| A VIII AND   | Enter Florida street address  |                                       |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  | Florida , Florida   |                                       |  |  |  |
|  | . Cin   | 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.

| m: Nathaly Cuartas  If amending A | Fax: 19542460340<br>Authorized Person(s) aut<br>om our records: | To: Agent Amnd Flo<br>horized to mai | rida Fax: (850) 617-6383 Page:<br>age, enter the title, name, and address |                |
|-----------------------------------|---|--------------------------------------|---|----------------|
| MGR = Mar                         |   |                                      |   |                |
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| NatRaly Cuartas                                    | Fax: 19542460340          | To: Agent Amnd Florida  | Fax: (850) 617-6383   | Page: 5 of 5  | 05/06/2024 3:00 P.                    |
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| . If amending                                      | any other informati       | on, enter change(s) here  | : (Attach additional si                                     | heets, if necessary.)   |                                       |
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| (If an effective date Note: If the date            | ate inserted in this bloc | ate of filing:  e specific and cannot be prior to k does not meet the applicate ariment of State's records. | o date of filing or more than<br>ble statutory filing requi | (optional) 90 days after filing.) Pur rements, this date will | suant to 605.0<br>not be listed       |
| he record specification ord is filed.              | es a delayed effective o  | late, but not an effective tin  | ne, at 12:01 a.m. on the c                                  | carlier of: (b) The 90  | th day after the                      |
| Dated May 3rd                                      | <u> </u>                  | . 2024  | <del>-</del> ·  |   |                                       |
| •  |                           | Arches Nav  | \ <b>ከ</b> ያ/.  | • .   |                                       |

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Typed or printed name of signee

Andres Narvaez