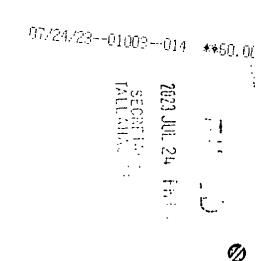
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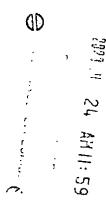
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Euromatic Dynamics 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:
Taria Kabir Name of Person
Name of Person
Firm/Company
12839 Sawgray Pine cir, solando, Ft 3282
Orlando, F-L 332824 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Taria Kabas at (929) 494 - 4021 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION **OF**



2023 JUL 24 Pril: Fucomatic

The Articles of Organization for this Limited Liability Company were filed on \(\sqrt{09\sqrt{2022}}\) and assigned diorida document number \(\sqrt{2000481696}\). 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 "LLC." inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address of 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 and/or the new registered Agent: New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida - Zip Code To Code The Registered Agent's Signature, if changing Registered Agent:	(Name of the Limited Liab	pility Company as it now appears or ida Limited Liability Company - 333	our records.)	
this amendment is submitted to amend the following: 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 "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) It amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code	(A Fion	ida cimited Etability Company)- 2017	er Galagy	
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New Registered Office Address: Enter Florida street address				
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Enter Florida street address	Nov. Projetoval Office Address.			
·	New Registered Office Address:	Enter Florida	strect address	
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·		City	, Florida	Zip Code
	ew Registered Agent's Signature, if changing Register			•
	hereby accept the appointment as registered ager		aging, a jan mer agree	m conduit an

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	Mamoon A. Kalair	12839 Saugraus Pine	CiC Model Exted
		Orlandos FL: 32824	
			□Change
MGR	Steven Ortiz	13957 Osprey links	$_{\rm bbA\square}$ \mathcal{L}_{7}
			DRemove
		Orlandos FL 32837	[] Change
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te: If the date ins	ted, the date must be sp serted in this block do	oes not meet the a	applicable statutor	ig or more than 90 c y filing requireme	tays after filing.) Purst ents, this date will n	iant to 605,0207 of be listed as
:ument's effective	date on the Departn	nent of State's re-	cords.	, , ,		
cord specifies a d	elayed effective date	, but not an effec	tive time, at 12:01	a.m. on the earli	er of: (b) The 90th	day after the
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Filing Fee: \$25.00