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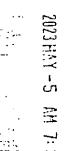
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COVER LETTER

Registration Section Division of Corporations

TO:

Bauxite II SUBJECT:	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rafael Chiquito		
	_	Name of Person	
	RC CPA Services Corp		
		Firm/Company	
	1820 N Corporate Lakes B	slvd Ste 105	
		Address	
	Weston/ FL 33326		
		City/State and Zip Code	
	rchiquito@paramount.tax		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please ca	all:	
Rafael Chiquito		954 9371637	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bauxite II LLC

ZUZ3 HAY -5 AH 7:2

(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 12/26/2022 and assigned Florida document number [L23000000617 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LMX Talent LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation." 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 Florido street address

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

Title	<u>Name</u>	Address	Type of Action
MGR	Melissa Delatorre	400 E MOUNT VERNON DR. PLANTATION	■Add
		FL 33325, BROWARD	□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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(If an efi <u>Note:</u>	ive date, if other than the date of filing: 05/01/2023 (optional) ective 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the recor	d 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 ed.
Dated	
	Signature of a member or authorized representative of a member
	PAFAEL CHIQUITO
	<u>VAFAEL</u> CHIQU(To Typed or printed name of signee