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| Division of Cor | porations | | • | |
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| OBJECT: DE C | Name of Limit | ted Liability Company | | |
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| | | | | |
| The enclosed Articles of | Amendment and fee(s) are subr | nitted for filing. | | |
| Please return all correspo | ndence concerning this matter t | to the following: | | |
| | \Box | | | |
| | Vonald | E, SzuKala Name of Person | | |
| | | Name of Person | | |
| | Dezpox | Consulting LLC | | |
| | | Firm/Company | | |
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| | E-mail address: (to | o be used for future annual report notif | fication) | , c |
| or further information co | oncerning this matter, please ca | II: | | |
| Donald E. |)zukala | at 561, 49 | 7-4030 = = | |
| Name of | Person | Area Code Daytime | a Telephone Number | |
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| inclosed is a check for th | e following amount: | | | |
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| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy | \$60.00 Filing Fee. Certificate of Status & | |
| | | (additional copy is enclosed) | Certified Copy (additional copy is enclosed) | |
| | | | | |

Registration Section

TO:

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

| Verbox Consulting | LLC |
|---|---|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000014542</u> . | were filed on January 6, 2023 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L,L,C," |
| Enter new principal offices address, if applicable: | Dezbox Consulting LLC. |
| (Principal office address MUST BE A STREET ADDRESS) | Derbux Consulting LLC. 995 E. Oakland Park BLVD. SIE.A. Cakknel Park, Fl. 33334 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Dezber Consuling LLC 995 E. Oakland Pask BLVD STE, P Cokland Park, FL 33334 - |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street 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 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> | Type of Action |
|--------------|---------------------|---------------------------------------|------------------------------|
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| ective date, if other than the date of filing: January effective date is listed, the date must be specific and cannot be prior to date of te: If the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records. | of filing or more than 90 days after filing.) Pursuant to 605.0 |
| cord specifies a delayed effective date, but not an effective time, at less filed. | |
| Donald Starter of a member or authorized re | |
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