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COVER LETTER

SIGNUM CONLECTION SERVICES 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: ADRIANA SALVATIERRA Name of Person WISE TAX GROUP INC Firm/Company 1820 N CORPORATE LAKES BVLD. SUITE 204 Address. WESTON, FL 33326 City/State and Zip Code wisetaxgroup@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ADRIANA SALVATIERRA ADRIANA SALVATIERRA ADRIANA SALVATIERRA Name of Person Tendlosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified of Status Certified Copy (certified Copy (certified Copy (certified Copy) (certified Copy (certified Copy)	<i>*</i>			
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The encle	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		ADRIANA SALVATIERI	R.A.	
			Name of Person	
		WISE TAX GROUP INC		
			Firm/Company	
		1820 N CORPORATE LA	KES BVLD, SUITE 204	
			Address	
		WESTON, FL 33326		
		wisetaxgroup@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
ADRIA	NA SALVATIEI	Name of Limited Liability Company Sof Amendment and fee(s) are submitted for filing. Sepondence concerning this matter to the following: ADRIANA SALVATIERRA Name of Person WISE TAX GROUP INC Firm/Company 1820 N CORPORATE LAKES BVLD. SUITE 204 Address WESTON. FL 33326 City/State and Zip Code wisetaxgroup@gmail.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: TIERRA 786 Area Code Daytime Telephone Number For the following amount: E S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)		
	Name o	Person		Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25 .	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

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." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Miramar. FL 33029 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 and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	SIGNUM COLLECTION SERVICES LLC				
Florida document number L23000080341 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." 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 Florida street address Florida	(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Jability Company)			
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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Miramar. FL 33029 Enter new mailing address, if applicable: Miramar. FL 33029 B. If 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 Enter Florida street address		were filed on and assigned			
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Enter new principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Miramar, FL 33029 18703 SW 26th St Miramar, FL 33029 3. If 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	he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "LLLC."			
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 and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Enter new principal offices address, if applicable:	18703 SW 26th St			
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 address here: Name of New Registered Agent:	• • •	Miramar, FL 33029			
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	•••				
New Registered Office Address: Enter Florida street address Florida		iddress on our records, enter the name of the new regist			
Enter Florida street address . Florida	Name of New Registered Agent:				
. Florida	New Registered Office Address:	Farar Florida strapt address			
, Florida					
Elly . Zin Codo		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>	<u>Address</u>	Type of Action
MGR	TRUJILLO, EDUARDO	Avenida La Estancia, Centro Banaven, Torre B. Piso	1 □Add
		Oficina B15, Chuao, Mun Baruta, Estado Miranda	□Remove
		Caracas, 1061, Venezuela	= Change
MGR	JIMENEZ, FRANCISCO	Avenida La Estancia, Centro Banaven, Torre B. Piso	1 □Add
		Oficina B15, Chuao, Mun Baruta, Estado Miranda	□Remove
		Caracas, 1061, Venezuela	Change
MGR	CABRERA, FREDERICK	AV. LA ESTANCIA, CENTRO BANAVEN, OF. 42	
		MUN CHACAO, CARACAS, MI 1060 VE	_ ≡ Remove
			□Change
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fective date, if other than the one offective date is listed, the date must ote: If the date inserted in this blo	ck does not me	et the applicab	date of filing or more e statutory filing r	(option than 90 days after frequirements, this	nal) iling.) Pursuant to 605 date will not be list	5.0207 ed as
cument's effective date on the De	partment of Sta	ite's records.				
ecord specifies a delayed effective is filed.	date, but not a	n effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day afte	r the
		2024				
May 24th	·					
v Oal	valing	4	ed representative of			