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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

'Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S2SOURCE AND TECHNOLOGY LLC

Certificate of Status	0
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Page Count	04
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S2Source And Technology LLC

(Name of the Limited Liability Company as it now appears on our records.)

1 A Florida Finited Liability Company)

(A Fioriga Cit	mice manney Company)		
The Articles of Organization for this Limited Liability Com Florida document number L23000084786	npany were filed on 02/16/23	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET ADDRES	SS)		
Enter new mailing address, if applicable:	ج	202	
(Mailing address MAY BE A POST OFFICE BOX)	-	<u> </u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the na	me of the new registered	
Name of New Registered Agent:		<u> 2</u>	
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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR_	S2Source Partners LLC	7901 4TH ST N STE 300	i X Add
		ST. PETERSBURG, FL 33702	ClRemove
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		Wat High to the state of the st	□Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (If an effective 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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated 02/27 . 2023 . ROBIN JONES
Typed or printed name of signee

Filing Fee: \$25.00