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Division of Corporations

Fax Number : (850)617-6383

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASURASATM'S LLC

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Help T. LEMIEUX

APR 19 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

AsurasATM's LLC				
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>		
The Articles of Organization for this Limited Liab Florida document number L23000169655	oility Company were filed on 04/10/2023	<u>,                                      </u>	and assi	gned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	he limited liability company here:			
Asuras LLC				
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	the abb	reviation "L.I	C."
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
	<del></del>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or regi agent and/or the new registered office address h		<u>name</u>	of the new	registe
		<b>-</b> .		
Name of New Registered Agent:			. 2	
			73 /	
New Registered Office Address:	Enter Florida street address			
	, Florid	~ a	Ø,	<i>-</i> =
-	City	·	Zip Code	(
New Registered Agent's Signature, if changing Reg	gistered Agent:	z	بب	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as registed being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete performance of my duties, and I ared agent as provided for in Chapter 605, F.S. gistered office address, I hereby confirm that the	am fa Or, ij	miliar with Cthis docum	and nent is

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
		<del></del>	Remove
			□Change
		⊡Add	
		□Remove	
			□Change
			□Add
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		<del></del>	☐Change
			□Add
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			Remove
			□Change.

<del></del>		<del></del>	
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***************************************			
	····		
ffective date, if other than the	date of filing:	date of filing or more than 90 do	_(optional) ays after filing.) Pursuant to 605.0207 (3
iote: If the date inserted in this bl	ock does not meet the applicab	de statutory filing requirement	nts, this date will not be listed as th
ocument's effective date on the D	epartment of State's records.		
record specifies a delayed effectively listified.	e date, but not an effective tim	e, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
April 13th	2023		
	· 		
	CVZ )		

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