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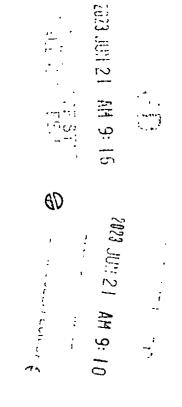
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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COVER LETTER

TO:

Registration Section

Divisi	ion of Corpo	rations		
	AEGASOF C	SLOBAL SOLUTION LLC		
SUBJECT: _	 -	Name of Limi	ited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Piense return a	ll correspond	dence concerning this matter	to the following:	
		SYLVANA NOGUEIRA		
			Name of Person	
		ALDANO GROUP LLC		
		•	Firm/Company	
		14261 SW 120th STREET	#108-528	
			Address	
		MIAMI, FL 33186		
			City/State and Zip Code	
		SNBOOKKEEPER@GMA	IL.COM	
		E-mail address: (to be used for future annual report not	fication)
For further inf	formation co	neeming this matter, please co	all:	
DIANA DEL	PILAR MEI	RINO	305 8740908 at ()	
	Name of	Person		e Telephone Number
Enclosed is a	check for the	following amount:		
≅ \$25.00 Fi		☐ \$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)
Regi Divi P.O.	ing Address: istration So sion of Co Box 6327 ahassee, Fl	ection rporations	Street Address: Registration Se Division of Cor The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



2023 JUN 21 AM 9: 17

MEGASOF GLOBAL SOLUTION LLC

(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 ______06/08/2023 and assigned 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 "L.L.C." 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

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

_, Florida _

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
MGR	DIANA DEL PILAR MERINO		□Add
			□Remove
			■ Change
			□Add
			Change
			□Add
			□Remove
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Tective date, if other than t	he date of filing: _		. <u></u> . <u>-</u>	(option	nal)
an effective date, it other than to ote: If the date inserted in this	oust be specific and car	anot be prior to c	late of filing or mo e statutory filing	re than 90 days after for requirements, this	ling.) Pursuant to 605.020 fate will not be listed a
cument's effective date on the			, ,	•	
ecord specifies a delayed effect is filed.	ive date, but not an	effective time	, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
JUNE 18	2	023			
	DelPha Horn				
		-		f a member	