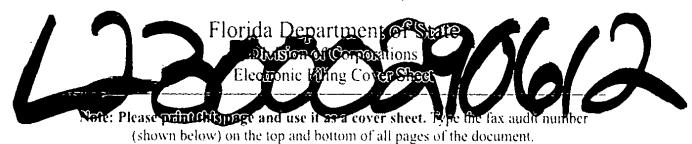
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Division of Corporations



(((H230003106853)))



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To:

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Fax Number : (850)617-6383

from:

Account Name : MYCOMPANYWORKS, INC.

Account Number : I20230000035 Phone : (702)362-2677 Fax Number : (702)825-2581

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

Email Address:_____

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	inv as it now appears on our records.)		
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)		
the Articles of Organization for this Limited Liability Company lorida document number <u>L23000290612</u> .	were filed on <u>06/15/2023</u>	and assigned	
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abi	previation "L.L.C."	
nter new principal offices address, if applicable:	1300 S Miami Ave Unit 3111		
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33430		
	44		
ntar nor mailing addrage if anothable.	1300 S Miami Ave Unit 3111		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33130 Flice address on our records, enter	the name of th	
Mailing address MAY BE A POST OFFICE BOX) . If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	ffice address on our records, <u>enter</u>	the name of th	
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Mailing address MAY BE A POST OFFICE BOX) . If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	ffice address on our records, <u>enter</u>		
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent:	Finer Florida street address	2	
Mailing address MAY BE A POST OFFICE BOX) . If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, <u>enter</u>	2	
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, enter g: Enter Florida street address Florida	2 P 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

If Changing Registered Agent, Signature of New Registered Agent

→ 18506176383

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

O 09/06/2023 9:49 AM

H23000310685.3

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Ricardo Manuel Da Silva De Sousa	1300 S Miami Ave Unit 3111	
		Miami, Fl. 33130	☐ Remove
			■ Change
1			
			☐ Remove
			☐ Change
			Add
			☐ Remove
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Iffective date, if other than the lan effective date is listed, the date mus Sote: If the date inserted in this blocument's effective date on the Document's	lock does not meet the application	cable statutory filing	(optional) e than 90 days after filing requirements, this date	.) Pursuant to 605,0207 (3)6 will not be listed as the
e record specifies a delayed The 90th day after the rec		ot an effective tir	ne, at 12:01 a.m.	on the earlier of:
September 6	, 2023	 '		
/s/ Ricardo Manuel Da				
····	Signature of a member or auth	torized representative o	i a member	···
		•		

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