L23000378987

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COVER LETTER

TO:	Registration Sec Division of Corp						
ÇIID II	Fractal EDN						
SUBJE	<u></u>	Name of Limi	ted Liability Company				
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspor	ndence concerning this matter	to the following:				
		Vicente Tomas Garzaro					
			Name of Person				
		Fractal EDM US LLC					
	Firm/Company						
		3847 Mellon Dr					
	Address						
		Odessa, FL 33556					
		vicente.garzaro@fractaledm.com E-mail address: (to be used for future annual report notification)					
For fur	ther information ed	oncerning this matter, please ca	·	in anoil)			
Loreto Beatriz Gutierrez			239 306-3705				
	Name of	Person	Area Code Daytim	e Telephone Number			
Enclos	ed is a check for th	e following amount:					
□ \$2	5.00 Filing Fee	■ \$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)			

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

Street Address: 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

20231101/17 PH12: 10

FRACTAL EDM USILLO

(Name of the Limi	(A Florida Limited)	iny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited L Florida document number L23000378987	Liability Company	were filed on $\frac{08/11/207}{}$	23 and assigned
This amendment is submitted to amend the fol	ndment is submitted to amend the following: ending name, enter the new name of the limited liability company here: me must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." w principal offices address, if applicable: al office address MUST BE A STREET ADDRESS) w mailing address, if applicable: address MAY BE A POST OFFICE BOX) 3847 Mellon Dr Odessa, FL 33556 Odessa, FL 33556		
A. If amending name, enter the new name of	rticles of Organization for this Limited Liability Company were filed on		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	ion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	lowing: of the limited liability company here: words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." cable: ET ADDRESS) 3847 Mellon Dr Odessa, FL 33556 3847 Mellon Dr Odessa, FL 33556 registered office address on our records, enter the name of the new registered ess here:		
(Principal office address MUST BE A STREET ADDRES		Odessa, FL 33556	
Enter new mailing address, if applicable:	pal offices address, if applicable: address MUST BE A STREET ADDRESS) g address, if applicable:	3847 Mellon Dr	
.,	BOX)	Odessa, FL 33556	
			s, enter the name of the new registere
	3847 Mellon D	·	
New Registered Office Address:	2047 MeHon D	ri Enter Florida stre	net address
	Odessa		
		City	Florida 33556 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	Vicente Tomas Garzaro	3847 Mellon Dr	≣ Add
		Odessa, FL 33556	ПРатили
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Tective date, i	Fother than the listed, the date me inserted in this b	e date of filing ast be specific and block does not m Department of Si	icet ine applic	to date of filing	or more than 90 filing requirer	(optional days after filing nents, this dat	l) g.) Pursuant to 605 e will not be list	5.020' ed as
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