9/13/23 9 16 AM

Division of Corporations

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From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000 Fax Number : (800)603-5863

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

Email Address: RLOPS@PARASEC.COM

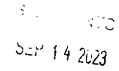


## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THEFENIXSOLUTIONS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THEFENIXSOLUTIONS LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appear d Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	08/30/2023	and assigned
Florida document number <u>1.23000407795</u>			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ibility company he	<u>re</u> :	
THEFENIXSOLUTION LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		-	71
			٠.
Enter new mailing address, if applicable:			,
Muiling address MAY BE A POST OFFICE BOX)			:: ::
			? ;
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our re	cords, enter the nan	nc of the new regist
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			
	Enter Flori	da street addrass	
		, Florida	
	City	, Florids	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.

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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>	Address	Type of Action
		<del></del>	Dadd
			□Remove
			DChange
			□Add
			(]Change
			□Add
			CRemove
			□Change
			□Remove
			[]Change
			□Add
			□ Кеточе
			[]Change
			□Remove
			<b>5</b> \

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: \_ \_ (optional) (If an effective date is listed, the date must be specific and earnor be prior to date of tiling 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. September 11 Dated Martin KN Crit/ Authorized representative of a member MARTIN KRIST
Typed or printed name of signee

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