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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : 120020000100 Phone : (305)944-9755 Fax Number : (888)401-1914

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

Email	Address:			

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

Certificate of Status	0
Certified Copy	()
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help



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TO: Registration So Division of Co			<b>.</b>			
	NTALITY LLC					
SUBJECT:		ited Liability Company		-		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	MARQUES MARTINEZ.	ERNESTO JOSE				
		Name of Person		_		
	NEARMENTALITY LLC					
		Firm/Company		<del></del>		
	5220 S UNIVERSITY DR	STE 102				
		Address		_		
	DAVIE, FL 33328					
		City/State and Zip Code		_		
	ACCOUNTING2@SILVA			_		
	E-mail address: (	to be used for future annual rep	ort notification)			
For further information of	concerning this matter, please c	all:				
		at ()				
Name c	n' Person	Area Cade	Daytime Telephone Numb	)CI		
Enclosed is a check for t	he following amount:					
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi ed) Certifi	Filing Fee, cate of Status & ed Copy and copy is enclosed,		

MailingAddress: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

## OF

NEARMENTALITY LLC

18884011914

(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on Jability Company)	our records.)	
The Articles of Organization for this Limited Li Florida document number 1.23000422623	ability Company	were filed on 09/11/2	2023	_ and assigned
This amendment is submitted to amend the folk				
A. If amending name, enter the new name of	the limited liab	ility company here:		
ICT MARKENTING SOLUTIONS LLC  The new name must be distinguishable and contain the w	orde "Limutad Liabu	lib Commun. "the decim	onean 21.1.C" as the other	u ration of T.C."
			ation LLC of the above	Manon E.L.C
Enter new principal offices address, if applies	able:	N/A — +		202
(Principal office address MUST BE A STREE	TADDRESS)			
		X1. 4		·,5
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		N·A		7.7
(Mailing address MAY BE A POST OFFICE )	<u>BOX)</u>			<u> </u>
				<u>-</u>
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:		iddress on our recor	ds, <u>enter the name</u>	of the new registered
New Registered Office Address:		Enter Floridasi		
		City	Florida	Zin Cinle
New Registered Agent's Signature, if changing B	logistered Agents			zap Com
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registeing filed to merely reflect a change in the company has been notified in writing of this company has been notified in writing of this constant.	d agent and agr or and complete stered agent as p registered office	ce to act in this cape performance of my provided for in Chap	duties, and Lam far ver 605, F.S. Or. if	niliar with and this document is
	If Chan	ging Registered Agent	Signature of New Ponis	crod Agent

□Remove

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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 Name Address Type of Action \_\_\_\_\_\_ □Add \_\_\_\_\_\_ Remove \_\_\_\_\_ □Remove \_\_\_\_\_\_ DChange \_\_\_\_\_ □Remove \_\_\_\_\_ □Remove \_\_\_\_\_\_ Change \_\_\_\_\_URemove

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ffective date, if other than the data an effective date is listed, the date must be tote: If the date inserted in this block occument's effective date on the Department.	does not meet the appl	licable statutory řílir	nore than 90 days after filing, ng requirements, this date	Pursuant to 605,0207 ( will not be listed as t
record specifies a delayed effective da is filed	te, but not an effective	time, at 12:01 a m	on the earlier of (b). This	e 90th day after the
ated SEPTEMBER 21	2023	Con		
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			<del></del>	
Sig	nature of a member or an	thorized representativ	e of a member	<del>_</del>

Typed or printed name of signee