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COVER LETTER

TO:

	gistration So vision of Cor			
SUBJECT:	Zixosoft LI	_C		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Monika Ortiz		
			Name of Person	
		Zixosoft LLC		
		-	Firm/Company	
		1223 Tadsworth ter		
		1	Address	
		Lake Mary, FL 32746		
			City/State and Zip Code	
		zixosoftllc@gmail.com		
			to be used for future annual report not	ification)
ror turtner i	mformation c	oncerning this matter, please co	att:	
Monika Ort	iz		321 240 9381	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	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)
	niling Addres		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co.		
P.0	O. Box 632	7	The Centre of 7	Гallahassee
Ta	llahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zixosoft LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records. (Liability Company)	
The Articles of Organization for this Limited Liability Companion document number $\frac{L23000449427}{L}$.	y were filed on 09/28/2023	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company." the designation "f.LC"	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)		
		<u> </u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
		rida
	City	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Alvaro A Ortiz	1223 Tadsworth ter, Lake Mary, FL 32746	□Add
			■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this bloed document's effective date on the Department.	k does not meet the app	licable statutory filir	(option nore than 90 days after fing requirements, this	nal) iling.) Pursuant to 605.020' date will not be listed as
ne record specifies a delayed e The 90th day after the record		not an effective	time, at 12:01 a.	m. on the earlier o
Dated	2024	\sim		
	·	-/////		
		/ / /////		
Si	gnature of a member or at	ithorized representative	e of a member	