## 123000472080

(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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Date: 10/20/2023

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: HUMATIQ LLC - File Number: L23000472080

To Whom It May Concern:

Attached please find the executed Certificate of Amendment the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc. Attention: Nicholas Bialota 336 E. College Ave. Suite 301 Tallahassee, FL 32301

If you have any questions, please feel free to contact me at 844-493-6249 or at {fulfillment@zenbusiness.com or compliance@zenbusiness.com}.

Thank you,

Nicholas Bialota ZenBusiness Customer Success

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUMATIQTLC						
( <u>Name of the Limited Liability Company as it now appears</u> (A Florida Limited Liability Company)	on our records.)					
The Articles of Organization for this Limited Liability Company were filed on $\frac{10^{7}}{10^{7}}$	13/2023 and assigned					
Florida document number L23000472080						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability company here:						
Humantiq LLC						
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:						
Principal office address MUST BE A STREET ADDRESS)	. ,					
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Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)	1.					
	·					
B. If amending the registered agent and/or registered office address on our re	cards enter the name of the new registe					
egent and/or the new registered office address here:	cords, enter the name of the new registe					
Name of New Registered Agent:						
New Registered Office Address:						
Enter Flori	da street address					
	Florida					

## 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.

City

Zip Code

## 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>	Name	Address	Type of Action
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ective date, if other than the	be specific and cannot be p	rior to date of filing or m olicable statutory filin	ore than 90 days after fi	ling.) Pursuant to 605.03
te: If the date inserted in this blo	partment of State's reco	rds.		
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te: If the date inserted in this blo ument's effective date on the De cord specifies a delayed effective is filed.	e date, but not an effective	e time, at 12:01 a.m. (	on the earlier of: (b)	The 90th day after the
te: If the date inserted in this blo nument's effective date on the De scord specifies a delayed effective is filed.  October 20th  /s/ Robert Skoglund	epartment of State's record e date, but not an effective 2023	e time, at 12:01 a.m.		