Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:

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Account Number : I20020000154 : (954)712-5119 Phone : (954)523-2872 Fax Number

**Enter the email address for this business entity to be used for future

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shane@execufy.ai. Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EXECUTY LLC**

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Corporate Filing Menu

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(((H240001547153)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Execufy LLC				
(Name of the Limited Liability (A Florida L	Company as it now appears on our simited Liability Company)	records,)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L23000547723</u>	mpany were filed on December i	1, 2023 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>	\$ 2		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		DZHAPR 29 PH 5: PALLANAS OF STANDAS OF STAND		
	Enter Florida street address			
-	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and confidence the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	nnd agree to act in this capacit implete performance of my dut ent as provided for in Chapter	tes, and I am jamiliar with and 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

(((H24000154715 3)))
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
MGR	Shane Labuschagne	1405 NW 15th Drive	≅Add
		Pembroke Pines, FL 33028	∏Remove
			□Change
AMBR	Shane Labuschagne	1405 NW 15th Drive	
		Pembroke Pines, FL 33028	≣Remove
			Change
AMBR Execufy, Inc.	Execufy, Inc.	1405 NW 15th Drive	🗏 Add
		Pembroke Pines, FL 33028	□Remove
			□Add
			Remove
		*	🗀 Add
		□Remove	
		Change	
		□Remove	
			□ Change

(((11240001547153)))

D. If amending a	ıy other informat	ion, enter ch	nange(s) here:	: (Attach addit	ional sheets, if nec	essary.)
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E Effective date	if other than the	date of filing	ن .		(opti	onal)
Note: If the da	e is listed, the date must te inserted in this bl active date on the D	ock does not r	neet the applica	able statutory fil	more than 90 days afte ng requirements, th	onal) r filing.) Pursuant to 605.0207 (is date will not be listed as t
If the record specifi record is filed.	es a delayed effectiv	e date, but not	t an effective ti	me, at 12:01 a.m	. on the earlier of: (b) The 90th day after the
Dated April 26	Daguetting of the	-	2024			
Dated	CLAUA L	buschagne	,	_ ·		
	5500BAD0AD7				····	_
		Signature of a	member or author	orized representati	ve of a member	
a.i	ne Labuschagne					

Filing Fee: \$25.00