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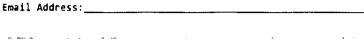
From:

Account Name : CDS TAX SOLUTIONS INC

Account Number : 120210000044 Phone : (786)470-6123 Fax Number : (786)373-1861

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





LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOIR SHEEP AIR LLC

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Corporate Filing Menu

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K. SALY
JUL 2 3 2025

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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2025 JUL 22 PM 3: 19

NOIR SHEEP AIR LLC

17863731861

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/26/2023 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida City 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LUXEPULSE VENTURES INC	1700 NW 97 AVE	OAdd
		227594	■Remove
		DORAL, FL 33172	[]Change
			□Add
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ffective date, if other than t an effective date is listed, the date i lote: If the date inserted in this ocument's effective date on the	block does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 605,0207 (3 xb filing requirements, this date will not be listed as the
record specifies a delayed effect is filed.	ive date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after the
ated July 22	2025	
	1111	
	Signature of a member or authorized representa	<u>/</u>