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		From:				_
			Account Name	: 2D CONSULTING ENTERPRISE LLC		1,7.07
			Account Number	r : I2022 000 0099		-
			Phone	: (904)382-0889		IP
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Division of Corporations

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DC SOLUTIONS GROUP LLC

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COVER LETTER

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	on Section of Corporations			
	OLUTIONS GROUP LLC		7	
SUBJECT:	Name of Li	mited Liability Company	<u> </u>	
The enclosed Articl	es of Amendment and fee(s) are so	abmitted for filing.		
Please return all con	mespondence concerning this matter	er to the following:		
	FLOR LOZANO DUGO	ER		
		Name of Person		
	2D CONSULTING ENT	ERPRISE LLC		
		Firm/Company		
	241 HAMMOCK AOK CIRCLE			
		Address	,	
	DEBARY, FLORIDA 32	2713		
		City/State and Zip Code		
	2DCONSULTINGENTE	•		
For further informa	E-mail address tion concerning this matter, please	(to be used for future annual report notificall:	lication)	
FLOR LOZANO D	DUGGER	904 382-0889 at ()		
N	ame of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check	for the following amount:			
≡ \$25.00 Filing F	Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 	
Mailing A Registrat	ddress: tion Section	Street Address: Registration Sec	ction	
Division	of Corporations	Division of Corp	porations	
P.O. Box		The Centre of T		
i aliahas:	see, FL 32314	Z415 N. Monros	e St re et, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DC SOLUTIONS GROUP LLC (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 02/26/2024 ____ and assigned Florida document number L24000099327 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: (Mailing 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

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

, Florida _

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
Manager	Edgar A Prieto Acosta	13639 TORTONA LANES APT 2304	\ Add
		WINDERMERE, FL 34786	□Remove
			☐ Change
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be specific and cannot be prior to date ck does not meet the applicable sta	of filing or more than 90 days after filing atter filing tequirements, this dat	g.) Purmuznt to 605,0207
	12:01 a.m. on the earlier of: (b)	The 90th day after the

From FEOR LOZANO DUGGER 1.321.296.7174 Wed Apr 3 18:01:33 2024 UTC Page 6 of 7

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Typed or printed name of signee

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