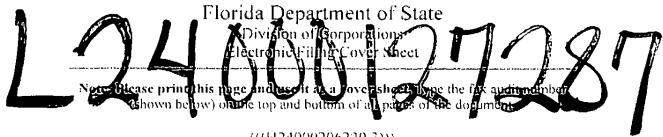
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624

Fax Number

: (512)597-0678

| | annual report mailings. Enter only one email address please.** |
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| ن | |
| = | Email Address: |
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:LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INCYTE DIGITAL LLC

| Certificate of Status | (j |
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| Page Count | 05 |
| Estimated Charge | \$25,00 |

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Help

COVER LETTER

| TO: | Registration Sc Division of Cor | | | |
|----------------|------------------------------------|--|--|---|
| CHAIN AND | | DIGITAL LLC | | |
| SUBJEC | (1; <u> </u> | Name of Lin | ned Liability Company | _ |
| The encl | losed Articles of | Amendment and fee(s) are sub | unitted for filing. | |
| Please re | eturn all correspo | andence concerning this matter | to the following: | |
| | | Jonathan Taboada | | |
| | | | Name of Person | |
| | | ZenBusiness INC | | |
| | | | Firm/Company | |
| | | 336 E. College Ave Suite | 301 | |
| | | | Address | |
| | | Tallahassee, FL 32301 | | <u>ن</u> ي |
| | | | City/State and Zip Code | |
| | | fulfillment@zenbusiness.co | | ion) & |
| Car forth | .a. introproties a | E-mail address: (oncerning this matter, please c | to be used for future annual report notificat act. | ion) 👸 👸 |
| | | oncerning this matter, prease c | | :11 |
| c/o Zen | Business INC | · · · · · · · · · · · · · · · · · · · | 844 493-6249 at () | ······································ |
| | Name o | i Person | Area Code Daytime To | lephone Number |
| Enclosed | d is a check for the | ne following amount: | | |
| ≅ \$25. | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is coclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | MailingAddres Registration 5 | Section | StreetAddress: Registration Section | |
| | Division of C P.O. Box 632 | | Division of Corpor The Centre of Tall | |
| | Tallahassee. | | 2415 N. Monroe S | |

Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comna (A Florida Dinnied) | my as it now appears on our records.) Dability Company) | |
|--|--|---|
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000127287}{}$. | were filed on <u>06/12/2024</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | llity company here: | |
| PULSE ACQUISITION LLC | | 3 |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | abbreviation "LaE.C." |
| Enter new principal offices address, if applicable: | 6748 Palmeuo Circle South 103 | |
| (Principal office address MUST BE A STREET ADDRESS) | Boca Raton, FL 33433 | <u> </u> |
| | Alachua CountyUS | <u> </u> |
| Enter new mailing address, if applicable: | 6748 Palmetto Circle South 103 | - - |
| | Boca Raton, FL 33433 | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | Alachua CountyUS | <u> · · · · · · · · · · · · · · · · ·</u> |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, <u>enter the nar</u> | ne of the new registered |
| | | |
| Now Ranietorod Office Address: | | |
| New Registered Office Address: | Enter Florida street address | |
| New Registered Office Address: | Emer Florida street address . Florida | |
| New Registered Office Address: | | Zip Code |
| New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: | , Florida | Zip Code |

To:

1 Page: 4 of 5

2024-06-13 11:56:40 UTC+14

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From: ZenBusiness User

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> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|--|----------------|
| AMBR | Ege Caliskaner | 6748 PALMETTO CIR S APT 103 | 🗓 Add |
| | | Boca Raton, FL 33433 | □Remove |
| | | US | ■Change |
| | | | □Add |
| | | | □Remove |
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| | date, if other than the date of filing: | nt's effective date on the l | Department of State's recor | rds. | | |
|-----------------|---|---|--|--|--|--|
| | | e date, if other than the rive date is listed, the date mu of the date inserted in this b | e date of flling: st be specific and cannot be pro- | rior to date of filing or | op r more than 90 days at line requirements. | ofional) Act filing.) Pursuant to 60; this date will not be list |
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