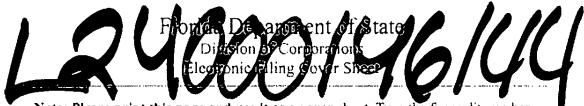
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CKO CONSULTING AND TAX SERVICES LLC

Account Number : 128220000100 Phone : (321)366-0510 Fax Number : (321)366-0511

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

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CRISTIANE OLIVEIRA	A SILVA			
	Name of Person			
CKO ACCOUNTING A	ND TAX SERVICES LLC			
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Tallahassee, FL 32303

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### FROM: 3213860511 ---- #87000 859/655

# ARTICLES OF AMENDMENT 7 TO

## ARTICLES OF ORGANIZATION OF

YXE ADVERTISING ULC (Name of the Limited Liability Company as it now appears on our records,) (A Florida Limited Liability Company) 03/25/2024 The Articles of Organization for this Limited Liability Company were filed on \_ and assigned Florida document number <u>L24000146144</u> This umendment 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." 6253 SUNSET ISLE DR Enter new principal offices address, if applicable: WINTER GARDEN - FL - 34787 (Principal office address MUST BE A STREET ADDRESS) 6253 SUNSET ISLE DR Enter new mailing address, if applicable: WINTER GARDEN - FL - 34787 (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 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

If Changing Registered Agent, Signature of New Registered Agent

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if am	andina	Authorized Perce	n(c) authorized to	manage enter the title name and address of each narrow

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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE CHANGE THE ADDRESS FOR BOTH AMBR TO THE SAME AS PRINCIPAL AND MAILING ADDRESS, 6253 SUNSET ISLE DR. WINTER GARDEN - FL - 34787 E. Effective date, if other than the date of filing: \_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 kb) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed. JULY 9th 2024 Dated GuTemberg Signature of a member or authorized representative of a member GUTEMBERG DE PAULA FONSECA Typed or printed name of signee

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