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70:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 : (775)329-7721

Fax Number : (775)376-9207

Exempter the email address for this business entity to be used for future

불통 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FXMEDUS, LLC** 

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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T. LEMIEUX

From Corporate Service Center Inc 1.702.507.9682 Thu Jun 27 12:56:35 2024 MDT Page 2 of 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| •   |  |  |  |
|---|--|--|--|
| FXMEDL  |  |  |  |
| (Name of the Limited Liability Compa<br>(A Florida Limited I                | ny as it now appears on our records.)<br>Liability Company)      |  |  |
|   | 04/09/24   |  |  |
| The Articles of Organization for this Limited Liability Company             | were filed on U4/09/24 and assigned                              |  |  |
| Florida document number L24000168751  |  |  |  |
| his amendment is submitted to amend the following:                          |  |  |  |
| A. If amending name, enter the new name of the limited liab                 | ility company here:  |  |  |
|   |  |  |  |
| he new name must be distinguishable and contain the words "Limited Liabil". | fity Company," the designation "LLC" or the abbreviation "LL,C," |  |  |
| inter new principal offices address, if applicable:                         | e: 18117 Biscayne Bivd Apt #1240                                 |  |  |
| Principal office address MUST BE A STREET ADDRESS)                          | Miami, FL 33160  |  |  |
|   |  |  |  |
|   | 19117 Riccovno Blyd Apt #1240                                    |  |  |
| Enter new mailing address, if applicable:                                   | 18117 Biscayne Blvd Apt #1240                                    |  |  |
| Mailing address MAY BE A POST OFFICE BOX)                                   | Miami, FL 33160  |  |  |
|   | <u> </u>   |  |  |
|   | 2: [   |  |  |
| 3. If amending the registered agent and/or registered of                    | ——————————————————————————————————————                           |  |  |
| egistered agent and/or the new registered office address her                | ±  |  |  |
|   | თ  |  |  |
| Name of New Registered Agent:   |  |  |  |
| New Registered Office Address:  |  |  |  |
|   | Enter Florida street address                                     |  |  |
|   | , Florida  |  |  |
|   | City Zip Code  |  |  |

## 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

From Corporate Service Center Inc 1.702.507.9682 Thu Jun 27 12:56:35 2024 MDT Page 3 of 4

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   | Name          | Address                       | Type of Action |
|---------|---------------|-------------------------------|----------------|
| MGR     | Julian Borges | 18117 Biscayne Blvd Apt #1240 | <b>D</b> Add   |
|         |               | Miami, FL 33160               | Remove         |
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|         | <del></del>   | <del></del>                   | 🗖 Add          |
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|         |               |                               | □ Remove       |
|         |               |                               | □ Change       |

| amendi      | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |               |
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| ective d    | ate, if other than the date of filing: N/A (optional)   |               |
| ie: If the  | date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records. |               |
|             |   |               |
|             | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the enday after the record is filed.  | arlier o      |
| ed          | luna 26 2074,   |               |
|             |   |               |

Typed or printed name of signes