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To: From:

Account Name : ZENBUSINESS INC.

Account Number : I20230000190

Phone : (844)449-3624

Fax Number : (512)597-0678

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

Email Address: Division of Corporations

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JSYNC LLC

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2024-12-05 03:54:48 UTC+14 18 AKTICLES OF AMENDMENT

18506176383

From: ZenBusiness User

TO ARTICLES OF ORGANIZATION F OF

H24000398973 3

JSYNC LLC (<u>Name of the Limited Liability Compa</u> (A Florida Limited)	my as it now appears on our records.	· ·
The Articles of Organization for this Limited Liability Company Florida document number 1.24000180591		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
A. If amending name, there the step mane of the minted state	inty company acre.	
The new name must be distinguishable and contain the words "Limited Liable	fity Company," the designation "ELC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	669 SE Lake Falls St	
(Principal office address MUST BE A STREET ADDRESS)	Port St lucie, FL 34984	
		2
Enter new mailing address, if applicable:	669 SE I ake Falls St	24 DEC
(Mailing address MAY BE A POST OFFICE BOX)	Port St lucie, FL 34984	<u>+</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	ne name of the new registe
Name of New Registered Agent:		******
New_Registered Office Address:	Enter Florida street address	
	, Flor	
	City	Zip Code

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

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Page 3 of 4 2024-12-05 03:54:48 UTC+14 18506176383 From ZenBusiness User in amending Authorized rerson(s) authorized to manage, emer the title, hame, 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
AMBR	Jose Manuel Lopez	669 SE Lake Falls St	{_}}
		Port St lucie, FL 34984	
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ctive date, if other than the	date of filing:		(optional)	
ctive date, if other than the effective date is listed, the date must	be specific and cannot be price	to date of filing or mor	e than 90 days after filing	.) Pursuant to 605.020
e: If the date inserted in this blo iment's effective date on the De	ick does not meet the appli partment of State's record	cable statutory filing s.	requirements, this date	will not be listed a
	,			
ord specifies a delayed effective	date but not an effective	time at 17:01 a.m. or	the earlier of: (b) Th	ne 90th day after the
filed.	time, our tier an empetive	(1000, 10 12,170 0.10), OF	ting sampler oz. (o) - ti	e san out mer an
December 4th	2024			
AI	·	,		
1.1 31 37				
/s/ Jose Manuel Lopez	Signature of a member or aut	anizad cancacantatura	f a mambar	