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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Syn-	tex Tech nolo Name of Lim	ited Lability Company	
	Amendment and fee(s) are subnidence concerning this matter	<u>-</u>	
	_mauricio	Hem ri Que S Name of Person	
	Syntex	Technology A	120
	18786 50	U 78th CT Address	
		City/State and Zip Code Character for future annual report notified.	COM lication)
For further information co	ncerning this matter, please ca	alt:	
Am Hen	Person	at (<u>305</u>) <u>772.</u> Area Code — Daytinк	2122. Telephone Number
Enclosed is a check for the	e following amount:		
≰ \$25.00 Filing Fee	□ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	<u>:</u>	Street Address:	- · ·

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Syntex Technolo (Name of the Limited Liah	oild Company as it now appears on our records.) rida Limited Liability Company)
	Company were filed on 05/03/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	.imited 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 ADI	DRESS)
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
-	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u> e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the l complete performance of my duties, and I am familiar with and l agent as provided for in Chapter 605, F.S. Or, if this document is ered office address. I hereby confirm that the limited liability te.

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	mauricio Henrique	s <u>18786 SW 78th CT cutle</u> FL 33157	<u>r Ba</u> y DAdd
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Signature of a member or authorized representative of a member			
	nted _	may 4th 2024	
		Many Samuais	
MAURICIO ARAUJO HENRIQUES , Ana HENCIQUES		Signature of a member or authorized representative of a member	