Florida Department of States

Division of Corporations

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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

. (307)200-2803

Fax Number

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DATE OF C 30 AH 10: 5

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K. SALY

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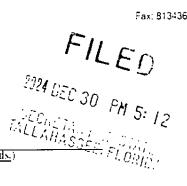
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12/27/2924 16:55:49 PST To: 18506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DATA VOICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	vere filed on 05/31/20	24	and assigned
Florida document number L24000249613			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designa	tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: Name of New Registered Agent:	idress on our record	s, enter the nam	e of the new registered
New Registered Office Address:			
	Enter Florida sir		
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ΧIŅ		<i>,,,</i> ,
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my d rovided for in Chapt	uties, and Lam f er 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

Fax: 8134365206 12/27/2024 16:55:49 PST To 18506176383 Page: 3/4

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

2024 GEC 30 PM 5: 12

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address MALLAHASSE	Type of Action
AMBR	EYZAGUIRRE, JULIAN, SR	19370 COLLINS AVE, UNIT 201	PFLUND, □ □ □ □ Add
		SUNNY ISLES BEACH, FL 33160	⊠ Remove
			□Change
AMBR	ORTIZ DE ZARATE. JUAN, SR	19370 COLLINS AVE	□Add
		SUNNY ISLES BEACH, FL 33160	ZIRemove
			[]Change
AMBR	PAN, JOSE, SR	19370 COLLINS AVE	□Add
		SUNNY ISLES BEACH, FL 33160	⊠Remove
			[]Change
AMBR	Juan Manuel Ortiz de Zarate	Llerena 2558	ZIAdd
		1427, CABA. Argentina	□Remove
			[]Change
AMBR	Eduardo Jose Pan	Minones 2037	ÆlAdd
		1428, CABA, Argentina	∪Remove
			🗆 Add
			□Remove
			[::] Change

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Tective date, if other than an effective date is listed, the date	the date of filing:	nor to date of filing or mo	e than 90 days after filing) (4) Pursuant to 605,0207
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record specifies a delayed effer is filed.	ctive date, but not an effectiv	e time, at 12:01 a.m. of	the earlier of: (b) 11	ne 90th day after the
nted December 27	. 2024			
to the live me	Signature of a member or a			

Typed or printed name of signee