

Florida Department of State  
Division of Corporations  
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**L24000272117**

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Division of Corporations  
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Phone : (407)674-8969  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SNC AI SOLUTIONS LLC

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2024 SEP 19 11:4:00

SEP 19 2024  
K. Brumble

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
SNC AI SOLUTIONS LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 06/14/2024 and assigned Florida document number: L24000272117  
FEI / EIN NUMBER: 99-3575498

Article I

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."

Article II

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**)

\_\_\_\_\_

Article IV

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:

**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

2024 SEP 19 PM 4:00

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
AMBR	BAPTISTA, SAMUEL A.	AVENIDA DAS FLORES, 442 - CIDADE JARDIM	REMOVE <input checked="" type="checkbox"/>
		PIRASSUNUNGA, SP 13632-486 BR	ADD <input type="checkbox"/>

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: 09/18, 2024.

Cristian Bertin Zocoler  
Cristian Bertin Zocoler (04/21/2024 10:48 AM)  
Cristian Bertin Zocoler / AMBR

Samuel Baptista  
Samuel Baptista (09/18/2024 11:58 AM)  
Samuel A. Baptista / AMBR

Luciano Fabello  
Luciano Fabello (09/18/2024 09:23 AM)  
Luciano Fabello / AMBR