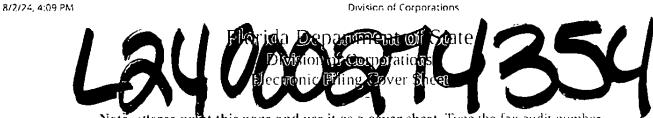
Division of Corporations



Note. Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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

ÆEmail ≅≲≦	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEAP TECHNOLOGY SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. LEMIEUX

AUG - 6 2024

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8/2/2024 13:11.44 PDT _ To 18506176383 Page, 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

LEAP TECHNOLOGY SOLUTIONS, 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 were filed on 06/17/24 _ _ and assigned Florida document number L24000274354 This amendment is submitted to amend the following: 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 Embility Company," the designation "ELC" or the abbreviation "ELC." 7901 4th St N Suite # 17327 Enter new principal offices address, if applicable: St. Petersburg, FL 33702 (Principal office address MUST BE A STREET ADDRESS) 7901 4th St N Suite # 17327 Enter new mailing address, if applicable: St. Petersburg, Ft. 33702 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

City

, Florida

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To: 18506176383

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Fax. 8134365206

To: 18506176383 Page: 3/4 Fax. 81343

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>	Name	<u>Address</u>	Type of Action
			DRemove
			ElChange
			□Remove
			III Change
			UAdd
			□Remove
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			URemove
			ClChange
			[J]Add
			□Remove
			Ti Chouse

D. If amending any other info	rmation, enter change(s) he	re: (Attach additional shee	is, (f necessary.)
		<u> </u>	
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E. Effective date, if other than (if an effective date is listed, the date Note: 10 the date inserted in the document's effective date on the content of the	is block does not meet the appli	cable statutory filing requiren	(optional)days after filing) Pursuant to 605,0207 (3) nents, this date will not be listed as the
f the record specifies a delayed effectord is filed	ective date, but not an effective	time, at 12:01 a.m. on the earl	aer of: (b) The 90th day after the
Dated August 2	2024	·	
Police of Gar	AL O		
	Signature of a member or aut	horized representative of a memb	er
Robin Jones			
	Typed or prif	ited name of signee	

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Fax: 8134365206

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