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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates of | Status |
| Special Instructions to I | Filing Officer: | |
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| CUD IECT | LYNKSOI | LS LLC | | | |
| SUBJECT | l: | Name of Lim | ited Liability Company | | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please retu | um all correspo | ondence concerning this matter | to the following: | | |
| | | CLEBER DE OLIVEIRA | PAVAO | | |
| | | | Name of Person | | |
| | | LYNKSOLS LLC | | | |
| | | | Firm/Company | | |
| | | PO BOX 570605 | | | |
| | | | Address | | |
| | | ORLANDO, FL 32857 | | | |
| | | assistance@bvamerica.net | City/State and Zip Code | | |
| | | E-mail address: (| to be used for future annual report notif | fication) | |
| For further | r information c | concerning this matter, please c | all: | | |
| Adriano F | Berger Ferreira | | 407 761-1820 | | |
| | Name o | of Person | | e Telephone Number | |
| Enclosed i | is a check for th | he following amount: | | | |
| \$25.00 | 0 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sectificate of Status & Certificate of Status & Certified Copy Copy (additional copy) is enclosed. | on the garden |
| R E P | Mailing Address Registration Solvision of Co. Box 632 allahassee, I | Section Corporations 27 | Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FI | porations $\stackrel{\frown}{m}$ $\stackrel{\smile}{\omega}$ allahassee e Street, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LYNKSOLS 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 06/18/2024 ____ and assigned Florida document number L24000276904 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 5245 W. Irlo Bronson Memorial Hwy Enter new principal offices address, if applicable: Unit 1 (Principal office address MUST BE A STREET ADDRESS) KISSIMMEE, FL 34746 N/A Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: N/A 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 withithe 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 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 | Address | Type of Action |
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