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COVER LETTER

TO: Registration Se Division of Cor				
subject: <u>Faci</u>	le Technologies	5 LLC		
3000ECT		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Vintoria Z	AKWAYANOVA Name of Person		
	Facile Tech	rim/Company		
	601 Three I	slands blud #	407	2024 NOV 13 AM 11: 37 SECRETARY OF STATE
	Hallandale Ba	Each/FL 3300 City/State and Zip Code	94	W 13
	elius (OFQ)	inche used for future annual report notif	fication)	X OF S
For further information c	oncerning this matter, please ca	all:		型品
Vintoria Zak	haryanova Person	at (305) 590 Area Code Daytime	- 1705 e Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status & y
Mailing Addres Registration S		Street Address: Registration Sec	ction	
Division of C P.O. Box 632	orporations	Division of Corp The Centre of Ta	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Facile lechnologies	LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on <u>08/12/2024</u>	and assigned
Florida document number <u>L24000354 300</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	ty company here: Company," the designation "LLC" or the abbreviation "L.L.C." dress on our records, enter the name of the new registeres
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		SE DE
		門も
Enter new mailing address, if applicable:		至 3
(Mailing address MAY BE A POST OFFICE BOX)		BX III
		前二
		THE W
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the nam</u>	e of the fiew registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
***	, Florida	
	City	Zip Code

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 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 Type of Action Address Title Name Viktoria Zakharganova 950 S Pine Island Davie, FL 33324 Skemove AMBIR □ Change □Remove □Remove □Change _ □Remove _____ Change Remove

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