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COVER LETTER

TO:

	egistration Se vision of Cor			
SUBJECT:		E TECHNOLOGIES LLC		
SUBJECT	·	Name of Lim	ited Liability Company	, <u>, , , , , , , , , , , , , , , , , , </u>
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
		ndence concerning this matter	· ·	
		Ili J. Subhan		
			Name of Person	
		Subhan Law, LLC		
			Firm/Company	
		250 East Wisconsin Avenu	e, Suite 1800	
			Address	 -
		Milwaukee Wisconsin, 532	202	
			City/State and Zip Code	
		info@subhanlaw.com	_	
		E-mail address: (1	to be used for future annual report no	otification)
For further	information c	oncerning this matter, please ca	all:	
Ili J. Subha	n		+1 414232876)4
	Name o	f Person		ime Telephone Number
Enclosed is	a check for th	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration S	lection
Registration Section Division of Corporations		Division of C		
P.	O. Box 632	7	The Centre of	Tallahassee
Ta	allahassee, I	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20246 7-7 7:10

SOFTCODE TECHNOLOGIES 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 Compan Florida document number L24000367916	y were filed on August 21,	2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designatio	n "LLC" or the abbreviation "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 agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Florida Momentums Holding LLC	7901 4th St N Suite 300 ST Petersburg, FL. 33702	= Add
			□Remove
			□Change
			🗆 Remove
			Change
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			Change
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			□Change

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Dated September 25 2024	equirements, this date will not be listed as t
Dated September 25 White the september 25 and the	
Dated September 25 2024	the earlier of: (b) The 90th day after the
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Signature of a member or authorized representative of	a member
Ili J. Subhan	

Filing Fee: \$25.00