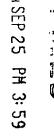
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COVER LETTER

		stration Sect sion of Corpo					
aun u		Brandix Solu	tions LLC				
SUBJEC	U1; .		Name of Lim	ited Liability Company			
			nendment and fee(s) are sub lence concerning this matter				
			Mustansar Yascen				
				Name of Person			
			DB Finco				
				FirmCompany			
			1590 S MILLIKEN AVE	STE D			
				Address			
			ONTARIO, CA 91761-23	26			
				City/State and Zip Code			
			enquiry@dbfinco.com		_ :	202	
			E-mail address: (to be used for future annual report notification)	<u>i</u> -	2024 SEP 25	4.8
For furth	her in	formation cor	cerning this matter, please c	rall:	<u>.</u>	P 2	
Mustans	sar Y	ascen		801 8893562 at ()	NHASSE	S	ľ.
		Name of I	Person	Area Code Daytime Telephone Number		PM 3: 59	Ages (Learner)
Enclosed	d is a	check for the	following amount:		- •	ω	
■ \$25.	.00 F	ling Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 File Certified Copy tadditional copy is enclosed) Certified (Certified tadditional)	e of Stan Copy		
		ling Address:		Street Address: Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brandix Solutions LLC		
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compan	y)
The Articles of Organization for this Limited L Florida document number L24000393867	iability Company were filed on	09/09/2024 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if appli	cable:	2024
Principal office address MUST BE A STREE	ET ADDRESS)	S S S S S S S S S S S S S S S S S S S
Enter new mailing address, if applicable:		NASS PR
(Mailing address MAY BE A POST OFFICE	BOX)	5. 3: 59 1-15. 59
B. If amending the registered agent and/or agent and/or the new registered office address.		er records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	AZKA ALI RAHIMTULLA	
New Registered Office Address:	1946 CYGNUS CT	
	Enter	Florida street address
	WESTON,	, Florida 33327
	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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	AZKA ALI RAHIMTULLA	1946 CYGNUS CT WESTON, FL 33327	□Add
			ClRemove
			≘ Change
			□Add
			□Remove
		- X	
		A H	CRemove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			Change

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Dated) The 90th day after the
2 milto	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00