H25000330623 3

Division of Corporations



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(((H25000330623 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

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

| Email | Address: | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RESONANCE FLOW LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED H250003306233

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| Resonance Flow LLC | SEURLIANY OF STAIT TALL AHASSEE, FLORIDA |
|---|---|
| (Name of the Limited Liability Compa (A Florida Limited) | iny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L24000469268</u> | were filed on 11/05/2024 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 2125 Biscayne Blvd Ste 204 #18516 |
| (Principal office address MUST BE A STREET ADDRESS) | Miami, FL 33137 |
| | US |
| Enter new mailing address, if applicable: | 2125 Biscayne Blvd Ste 204 #18516 |
| (Mailing address MAY BE A POST OFFICE BOX) | Miami, FL 33137 |
| | US |
| B. If amending the registered agent and/or registered office a 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 street address |
| | Florid. |
| | , Florida |
| 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> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|-----------------------------------|----------------|
| MGR | Diana Mercedes Botta | 2125 Biscayne Blvd Ste 204 #18516 | 🗀 Add |
| | | Miami, FL 33137 | □Remove |
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