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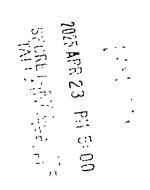
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Trunc.ai.L	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:	
	Tamara	Name of Person	
	Trun	Firm/Company	
	1/80	Gulf Blud, Ap	H 170Z
	Clearwat	City/State and Zip Code	3376年3
	t Canna E-mail address: (to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca	ali:	cation)
Ta mara Name o	<u>Cannim</u> f Person	at (917) 664- Area Code Daytime	-7 C- / / A
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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company))
The Articles of Organization for this Limited Liability Company w Florida document number 600441850506		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
System 8. ai L. L. The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Sami	-2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		75 FFR 23 PH 5
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, enter th	ne name of the new registere
Name of New Registered Agent: Sa		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
New Registered Agent's Signature, if changing Registered Agent:	<u>,</u>	engr course
I hereby accept the appointment as registered agent and agree	to act in this capacity. I furti	her agree to comply with th

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
	-n/a	-n/a	
			□ Remove
			☐ Change
			□ Add
			□Remove
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	to System 8. ai, LLC.
	to System 8. ai, LLC.
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Note: I	e date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	April 21 , 2025.
	Signature of a member or authorized representative of a member
	Lamara L. Cannon