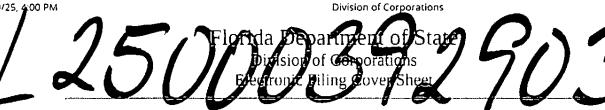
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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **IQS SOLUTIONS & SERVICES LLC**

K. SALY SEP 1 0 2025

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To: +18506176383

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ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

FILED
2025 SEP -9 PM 2: 18
2025 SEP -9 PM 2: 18

IQs Solutions & Services 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 Company were filed on and assigned L25000392903 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cin

, Florida _

Sep 09, 2025 01.01

To: ~18506176383 Page: 3/4

Fax: 18134365206

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	HONEYWELL, AMBER	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	
			□Change
AMBR	Simmons, Quartures	7901 4TH ST N STE 300	[X]Add
		ST. PETERSBURG, FL 33702	□Remove
			©Change
.			□Add
			□ Remove
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f an cff <u>Note:</u>	fective date is listed, the date must be specific and cannot be prior	to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(able statutory filing requirements, this date will not be listed as the
recor		me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Vated	SEPTEMBER 9TH 2025 Rubin Juney Signature of a member or author	
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Typed or printed name of signee