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Date: 04/23/2024	
Name: Patrice Rush	
Reference #:	
Entity Name: CONGRUITY HR IV, LLC	
 ☐ Articles of Incorporation/Authorization to Transact Business ☑ Amendment ☐ Change of Agent ☐ Reinstatement ☐ Conversion 	200 TO SEE AN 7: 09 LI APASSEE FL
Authorized Amount: \$25.00 Signature:	

F: 800.944.6607

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN'FLORIDA

SECTION I (1-4 must be completed)

1. Name of lin	mited liability Company as it appears	on the records of the Florida Departm	2011 05
		HR of North Carolina, LLC	
Enter new prin	cipal office address, if applicable:		
(<u>Principal offi</u> MUST BE A S	<u>ce address</u> STREET ADDRESS)		
(Mailing addre	ling address, if applicable: <u>ess</u> <u>OST OFFICE BOX</u>)		
2. The Florida	document number of this limited liab	ility company is: M15000	0004441
3. Jurisdiction	of its organization:	North Carolina	
4. Date authori	zed to do business in Florida:	06/04/2015	
SECTION II (5-9 complete only the applicable ch	anges)	
5. New name o	of the limited liability company:(must o	Congruity HR IV, LI contain "Limited Liability Company,"	L.L.C.," or "LLC.")
	lable, enter alternate name adopted for ten consent of the managers or mana imited Liability Company," "L.L.C."	or the purpose of transacting business ging members adopting the alternate nor "LLC.")	in Florida and attach a ame. The alternate name
6. If amending t registered agent	he registered agent and/or registered and/or the new registered office add	officer address on our records, enter tress here:	he name of the new
Name of New R	egistered Agent:		
New Registered	Office Address:		
		Enter Florida Street A	
the provisions of and accept the o document is bein	bligations of my position as registereing filed to merely reflect a change in y has been notified in writing of this	City tered Agent: and agree to act in this capacity. I furt d complete performance of my duties, ed agent as provided for in Chapter 60 the registered office address, I hereby change.	Zip Code ther agree to comply with and I am familiar with 5, F.S. Or, if this confirm that the limited
	If Char	nging Registered Agent, Signature of N	New Registered Agent

8. If the amendment of	changes person, title or capacity in	accordance with 605.0902 (1)(e), in	dicate that change:
Title/ Capacity	<u>Name</u>	Address	Type of Action
			Add
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove
			Add
			S Remove
			7: 09dd S FAI []
			Remove
			Add
Attached is a serifi-	a4a :6 1		Remove
atorementioned ame	ate, if required: no more than 90 on indment(s), duly authenticated by a law of which this entity is organ	the official having-custody of reads	ds in the
	Signature of the	ne authorized representative	
		ee Viola	_



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CONGRUITY HR IV, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 14th day of November, 2013

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of May, 2024.

Elaine I. Marshall

Secretary of State

Certification# 120132953-1 Reference# 21499647- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification