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Page: 1 of 5

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIGMA 3D CONCEPTS LLC

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2025-01-25 13:10:10 UTC+14 COVER LETTER

18506176383

From: ZenBusiness User

TO: Registration Section Division of Corporations

SIGNA 3D CONCEPTS LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Diego Cruz				
	Name of Person				
	ZenBusiness INC				
		Firm/Company			
	336 E. College Ave Suite				
	and a second sec	Address			
	Tallahassee, FL 32301				
	ma a monthly of this was recommended to Min V 7 Mills (compared to 1975). In	City/State and Zip Code	 		
	fulfillment@zenbusiness.co				
	E-mail address: (to be used for future annual	report notification)		
For further information of	concerning this matter, please c	all:			
c/o ZenBusiness INC	nBusiness INC 844 493-6249 ut ()				
Name o	of Person	Area Code	Daytime Telepho	one Number	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Malling 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

Page: 3 of 5

2025-01-25 13:10:10 UTC÷14 18506176383 ARTICLES OF AMENDMENT

From: ZenBusiness User

TO ARTICLES OF ORGANIZATION OF

SIGMA 3D CONCEPTS LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears on our record Liability Company)	<u>(18.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on 2025-01-13	and assigned
Florida document number <u>L25000024845</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "ELC	" 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: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		2025 JAN 27 AN SECRETARY OF FALLAHI, SSEE, FI
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the nature of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	55
	ři,	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I fu	orther agree to comply with

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.

It Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Mark Edward Taylor iii	11208 Little Gull Road Brooksville, FL 34614-3139	(D'Add
			Remove
			□Change
AMBR	Mark Edward Taylor JR	11208 Little Gulf Road Brooksville, PL 34614-3139	≣ Add
			□Remove
			□ Chang e
			□∧dd
			□Remove
			LlChange
	4		□Add
			□Remove
			Change
			UAdd
			iTRemove
			□Change
			□Add
			□Remove
			ClChange

To:

Typed or printed name of signee