L13000140070

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	· · · · · · · · · · · · · · · · · · ·
(D	ocument Number)	· · ·
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COVER LETTER

TO:

	Registration Sec Division of Corp			
		E EXPERTS LLC		
SUBJEC	I:	Name of Lim	ited Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
		XIMENA A PEREZ		
		1 118, 248	Name of Person	
			Ficnt/Company	
		10319 ROYAL PALM BL	VD	
			Address	
CORAL SPRINGS FL 33065				
			City/State and Zip Code	
		LONGLINEEXPERTS@G		
		E-mail address: (to be used for future annual report notif	ication)
For furthe	r information c	oncerning this matter, please ca	nii:	
XIMENA	A PEREZ		954 655-6330 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
linclosed	is a check for th	ne following amount:		
■ \$25.0	O 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 Addres Registration 5		Street Address: Registration Sec	ction
I	Division of C	orporations	Division of Corp	porations
	P.O. Box 632 Fallahassee, I		The Centre of T	allahassee e Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 (11130 777 8: 35 LONGLINE EXPERTS 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 $\frac{01/18/2024}{1}$ 10/04/2013 and assigned Florida document number L13000140070 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 "LEC" or the abbreviation "LEC." 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: MIMENA A PEREZ Name of New Registered Agent: 10319 ROYAL PALM BLVD

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cirv

CORAL SPRINGS

A Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida 33065
Zip Code

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>	Name	<u>Address</u>	Type of Action
MGR	ANGEL CABALEIRO	10319 ROYAL PALM BLVD	□ Add
		CORAL SPRINGS FL 33065	Remove
			, ☐Change
*			BAdd
			□Remove
			□Change
			DAdd
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If the date inserted in	this block does not m	ect the applicab				
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01/23/2024		1/1 2	n D			
01/23/2024	Signature of a n	A Janember or authoris	red representativ	e of a member		·

Filing Fee: \$25.00