p.2

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To:

Division of Corporations

Fax Number

Email Address:

: (850)617-6383

From:

Account Name : MAC CPA LAW Account Number : I20220000137

Phone : (787)433-7373

Fax Number ; (787)433-7373

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLOBAL ISKANDAR, LLC

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M. SOLOMON JUN 2 7 2024

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COVER LETTER

ţ	•	COVERLETTER	a de la companya de
TO: Registration Se Division of Cor		H24002215	473
	ISKANDAR LLC		
SUBJECT:	Name of Lim	ited Liability Company	 -
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MAC APONTE		
		Name of Person	
	MAC APONTE ADVISO	RS LLC	
		Firm/Company	~
	11848 DUNE ALY		24 JUN 27 PM
		Address	—————————————————————————————————————
	ORLANDO,FL 32832		7 P
		City/State and Zip Code	
	INFO@MACAPONTEAD		<i>N</i>
For further information of	e-mail address: (to be used for future annual report not all:	ircation)
MAC APONTE		689 309-9009 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he 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		Street Address:	ation

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

H24000221547

(A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L17000125742</u>	mpany were filed on 06/05/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	·ss)	
		27 - 12 27
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		28 32
		"
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
The Military Office / Ida(633.	2	
TOW Register ou Chipe Plantyss.		_
TOW ROSISION CONTROL PROGRAMME	, Floric	la Zip Code

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

H240002215473

<u>Title</u>	Name	Address	Type of Action
AMBR	LORENA JACKELINE ILLANES DEL POZO	3522 SOUTHPOINTE DR	
		ORLANDO,FL 32822	□Remove
			□Change
	······································		□Add
			□Remove
			□Change;
			DANTO TAN
			□ Re moye
			22 Dehange
		······································	□Add
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			□Remove
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ective date, if other than the date of filing:	(optional)
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current's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time	c, at 12:01 a.m. on the earlier of: (b) The 90th day after
is filed.	
04/04/2004	
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Filing Fee: \$25.00