Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

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

Email Address: ravishingdetails@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAVISHING DETAILS MOBILE, LLC

Certificate of Status	0
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Page Count	03
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5 JAN - 7 IM 9: 25

▶ Fro Corporate Service Center Inc 1.702.507.9682 Tue Jan 7 11:18:06 2025 MST Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AILS MOBILE, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	ny as It now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000524479	were filed on 12/13/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lky Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2310 SE 23Rd Terrace	
Principal office address MUST BE A STREET ADDRESS	Homestead, FL 33035	
		2025
Enter new mailing address, if applicable:	2310 SE 23Rd Terrace	
Mailing address MAY BE A POST OFFICE BOX	Homestead, FL 33035	
	(4)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addicss	
	Marid	
	City	Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
			□ Add
			П Rетюче
			Change
			D Add
		□ Remove	
		□ Change	
		🗖 Add	
		□ Remove	
			Change
			□ Remove
			Change
		UNIVERSITY	☐ Remove
			□ Change
			☐ Remove
			Change

lf ac	sending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
llec!	tive date, if other than the date of filing: N/A Service date of filing are much be expecific and connect be expected date of filing as more than 90 days after filing a Program on 605 0201.03
ote:	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. If the date inserted in this block does not meet the applicable standary filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated	Jan 7, 2024
	file to the same
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Carlos Gutierrez

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Filing Fee: \$25.00