## Electronic Filing Cover Sheet

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(((H24000380947 3)))



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Division of Corporations

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From:

Account Name : ASSURED ACCOUNTING AND TAX SERVICES

Account Number : I20180000048

Phone

: (954)793-0353

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ITDN LLC

| Certificate of Status | 0       |
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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

NOV 19 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000380947 3)))

| I  | ITDN LLC                      |  | •                       |
|--|-------------------------------|--|-------------------------|
| (Name of the Limited Liability Co<br>(A Florida Linn   | mpany as It now appears o     | on our records.)                             |                         |
| ,  | ,,                            | •  | 智 专 7                   |
| The Articles of Organization for this Limited Liability Comp   | any were filed on             | 04/01/2022                                   | and assigned (          |
| Florida document number L22000159110   |                               |  | SSE CA                  |
| This amendment is submitted to amend the following:  |                               |  | S. S. S.                |
| A. If amending name, enter the new name of the limited !   | liability company here        | :  | <u> </u>                |
| The new name must be distinguishable and contain the words "Limited L  | iability Company." the design | gnation "LLC" or the ab                      | breviation "L.L.C."     |
| Enter new principal offices address, if applicable:  | -                             | •  |                         |
| (Principal office address MUST BE A STREET ADDRESS   | 2                             |  |                         |
|  |                               | •  |                         |
| *  |                               |  |                         |
| Enter new mailing address, if applicable:  |                               | <u>.                                    </u> | <u> </u>                |
| (Mailing address MAY BE A POST OFFICE BOX)   | •                             | ·  |                         |
|  |                               |  |                         |
| B. If amending the registered agent and/or registered offi   | ice address on our reco       | ords, enter the nam                          | e of the new registered |
| agent and/or the new registered office address here:   |                               |  |                         |
|  |                               |  |                         |
| Name of New Registered Agent:  |                               |  |                         |
| New Registered Office Address:   |                               |  |                         |
|  | Enter Florida                 | street address                               |                         |
|  |                               | , Florida                                    |                         |
|  | City                          |  | Zip Code                |
| New Registered Agent's Signature, if changing Registered Age   | <u>:nt:</u>                   |  |                         |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl      | ete performance of my         | duties, and I am f                           | amiliar with and        |
| accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off. |                               |  |                         |
| company has been notified in writing of this change.   |                               |  |                         |

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 = M $AMBR = A$ | unager<br>uthorized Member |                             | ((H24000380947 3)))                     |
|--------------------|----------------------------|-----------------------------|---|
| <u>Title</u>       | <u>Name</u>                | Address .                   | Type of Action                          |
| AMBR               | TAISE STHEFANY             | 2375 NE 173RD ST B112       | □Add                                    |
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|                    |                            |                             | Add P                                   |
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| ,                  |                            |                             | □Remove                                 |
|                    |                            |                             | 🗆 Change                                |
|                    |                            |                             | □ Add                                   |
|                    |                            |                             | □Remove                                 |
|                    |                            |                             | Change                                  |
|                    |                            |                             | 🗆 Add .                                 |
|                    |                            |                             |   |
|                    |                            |                             | Change                                  |

|            |   |                                     |                         | <u> </u>               | sary.)<br>(((H2400038094                     |
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|            |   |                                     |                         |                        | TALLAHAS                                     |
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| te: If     | e date, if other than the date stive date is listed, the date must be spet the date inserted in this block dont's effective date on the Department. | es not meet the app                 | licable statutory filir |                        |  |
| cord s     | specifies a delayed effective date,<br>d.   | but not an effective                | time, at 12:01 a.m.     | on the earlier of: (b) | The 90th day after the                       |
|            | November 13   | 2024                                | <u> </u>                |                        |  |
| ed _       |   |                                     |                         |                        |  |
| <b>e</b> d |   |                                     |                         |                        |  |
| ed         | Trise Sthelary (Nov. 14, 202<br>Signat  | (1951 EST)<br>tre of a member or au | thorized representative | of a member            |  |
| ed         | Trise Sthelany (May 14, 202<br>Signat   | ure of a member or au               | thorized representative | of a member            | <del></del>                                  |