Note: Please print this page and ment as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000234687 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WEDO TAXES MULTISERVICES LLC

Account Number : 120230000121 Phone : (305)432-3966 Fax Number : (305)960-7096

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

| Email | Address: | | |
|-------|----------|--|--|
| | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LINACO LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

T. LE .. "EUX

Electronic Filing Menu Corporate Filing Menu

Help JUL 1 2 2024

COVER LETTER

| | stration Sec sion of Corp | | | |
|-------------------|---|---|--|--|
| <u>۲</u> ۰ | LINACO | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed | Articles of A | Amendment and fee(s) are sub | mixed for filing. | |
| Please return | ail correspor | ndence concerning this matter | to the following: | |
| | | NICOLAS PLAZAS GO | NZALEZ | |
| | | | Name of Person | |
| | | : | | |
| | | | Firm/Company | |
| | | 991 SR - 7 S UNIT G - | 15 | |
| | | | Address | |
| | | PLANTATION, FL. 333 | 17 | |
| | | | City/State and Zip Code | |
| | | WEDOTAXES801@GM E-mail address: (| AIL.COM to be used for future annual report n | otification) |
| For further in | formation co | ncerning this matter, please c | aļl: | |
| NICOLAS | S PLAZAS (| GONZALEZ | 786 660 63 6 | :3 |
| | Name of | Person | at () Area Code Day1 | ime Telephone Number |
| | | : | | |
| Enclosed is a | check for th | e following amount: | | |
| ≅ \$25.00 Fi | iling Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Reg Div P.O | ling Address distration S dision of Co Box 632 ahassee, F | ection : orporations 7 | Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I | orporations Tallahassee roc Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LINACO LLC | | |
|---|--|--|
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records.) iability Compuny) | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on05/06/2022 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 991 SR - 7 S UNIT G - 15 | |
| (Principal office address MUST BE A STREET ADDRESS) | PLANTATION, FL 33317 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | 991 SR - 7 S UNIT G - 15 PLANTATION, FL 33317 ddress on our records, enter the | name of the new register |
| | , Florid | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p | performance of my duties, and l provided for in Chapter 605, F.S | am familiar with and . Or, if this document is |
| provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | provided for in Chapter 605, F.S | . Or, if this document is |

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 = M $AMBR = A$ | Ianager authorized Member | | | |
|--------------------|--|-------------|---------|----------------|
| <u>Title</u> | Name | • | Address | Type of Action |
| | | | | DAdd |
| | | | | □Remove |
| | | | | ☐Change |
| | Application 1 To | | | □Add |
| | | , | | □Remove |
| | | | | □ Change |
| | | · | | 🗆 Add |
| | | • | | □Remove |
| | | | | Change |
| | | | | @Add |
| | | • | | □Remove |
| | | | | Change |
| | | | | □Add |
| | | ; | | □Remove |
| | | • | | []Change |
| | | | | □Add |
| | | ; | | □Remove |
| | | | | l'''Chanaa |

| ··· | |
|---------------------------------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| n effectiv <u>ite:</u> If th | ate, if other than the date of filing: |
| • | |
| ccord sp is filed. | rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ted | 07/11/2024 |
| | Signature of a member of authorized representative of a member |
| | Company of a might of distinguished convergentative of a mamber |
| | Nicolas Plazas Gowzalez Typed or printed name of signee |

Filing Fee: \$25.00