(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED ACCOUNTANTS LLC

Account Number : I20230000115 Phone : (813)773-4973 Fax Number : (813)440-4499

\*\*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 **HOSTAK LLC**

| Certificate of Status        | 0       |
|------------------------------|---------|
| Certified Copy               | 0       |
| Certified Copy<br>Page Count | 01      |
| Estimated Charge             | \$25.00 |

M. SOLOMON

SEP 2 5 2024

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## **COVER LETTER**

|                  | ration Second on of Corp                        |  |   |                 |  |                        |
|------------------|---|--|---|-----------------|--|------------------------|
|                  | OSTAK L   | LC   |   |                 |  |                        |
| SUBJECT:         |   | Name of Lim  | ited Liability Company  | <del></del>     |  |                        |
| The analysis A   | المحادثات                                       | Normalisana and Fascal are a li                                |   |                 |  |                        |
|                  |   | Amendment and fee(s) are sub<br>indence concerning this matter | Ť   |                 |  |                        |
|                  |   | ALI IRAQ   |   |                 |  |                        |
|                  |   |  | Name of Person  |                 |  |                        |
|                  |   |  | Firm/Cumpany  |                 |  |                        |
|                  |   | 2406 E COLLEGE AVE I   |   |                 | 2024<br>SE <sub>17</sub>                                 |                        |
|                  |   |  | Address   | <del></del>     | HE SE  | W.3                    |
|                  |   | RUSKIN, FL 33570   |   |                 | <b>2</b> 2   | ددر<br>درز<br><b>0</b> |
|                  |   | INFO@;UNIACC.NET   | City/State and Zip Code   | <del></del>     | 2024 SEP 24 PH 4: 09 SECRETARY OF STATE TALL ANASSEE, FL | (                      |
| For further info | rmation co                                      | E-mail address: (  | to be used for future annual report notificat                                   | lion)           | STATE  | C                      |
| ALI IRAQ         |   |  | 813 3892251   |                 | • •  |                        |
| ·                | Nume of   | Person   | at ()   | elephone Number | <del></del>  |                        |
| Enclosed is a ch | ieck for the                                    | e following amount:  |   |                 |  |                        |
| 置 \$25.00 Filis  | ng Fee  | S30.00 Filing Fee & Certificate of Status                      | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)             | Certified C     | of Status &  |                        |
| Regis<br>Divisi  | e Address<br>tration S<br>ion of Co<br>Box 6321 | ection<br>orporations  | Street Address: Registration Section Division of Corporation The Centre of Tall | rations         |  |                        |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HOSTAK LLC   |  |   |
|--|--|---|
| (Name of the Lim   | ited Liability Company as it now an<br>IA Florida Limited Liability Compar | ny)   |
| The Articles of Organization for this Limited I  | liability Company were filed on  | 10/03/2022 and assigned                           |
| florida document number L22000426679   |  |   |
| This amendment is submitted to amend the fol   | lowing:  |   |
| A. If amending name, enter the new name  | of the limited liability company   | y here:   |
| be new name must be distinguishable and contain the  | words "Limited Liability Company," t                                       | he designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli  | cable:   |   |
| Principal office address MUST BE A STRE  | ET ADDRESS)  |   |
|  | **************************************                                     |   |
|  |  |   |
| Enter new mailing address, if applicable:  |  |   |
| Muiling address MAY BE A POST OFFICE   | (BOX)  | \$ F  |
|  | <del></del>  | SO TO THE   |
|  | <del></del>  | · · · · · · · · · · · · · · · · · · ·             |
| <ol> <li>If amending the registered agent and/or<br/>igent aud/or the new registered office addre</li> </ol>   |  | ir records, enter the name of the new registers   |
| Name of New Registered Agent:  | ALURAQ   |   |
| New Registered Office Address:   | 1132 RISING MIST BLVD  |   |
| THE CONTRACTOR OF THE CONTRACT | Enter  | Florida street address                            |
|  | RIVERVIEW  | . Florida 33578                                   |
|  | 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.

ALI IRAQ

ALI IRAQ (Sep 24-202-21-29 f07)

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

| <u>Title</u>                          | Name        | Address                               | Type of Action    |
|---------------------------------------|-------------|---------------------------------------|-------------------|
| MGR                                   | KHALED ERAQ | 12119 TREE HAVEN AVE                  | □Add              |
|                                       |             | GIBSONTON, FL 33534                   | ≣Remove           |
|                                       |             | · · · · · · · · · · · · · · · · · · · | □Change           |
| MGR                                   | SAAD ERAQ   | 12119 TREE HAVEN AVE                  | <b>&gt; F</b> Add |
|                                       |             | GIBSONTON, FL 33534                   | □Remove           |
|                                       |             | -                                     | □Change           |
| MGR                                   | ALITRAQ     | 1132 RISING MIST BLVD                 |                   |
|                                       |             | RIVERVIEW, FL 33578                   |                   |
|                                       |             |                                       | SEP TO SEP        |
|                                       |             |                                       | ASSEE, FL         |
|                                       |             |                                       |                   |
| · · · · · · · · · · · · · · · · · · · |             |                                       | □Add              |
|                                       |             |                                       | □Remove           |
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|                                       |             |                                       | □Add              |
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|                                       |             |                                       | Change            |

| SSEE SEE   |  |                                       |  |  |                                 |
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| Effective date, if other than the date of filing:  (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records.   |  | · <del>···········</del>              | <del></del>                            |  |                                 |
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| Effective date, if other than the date of filing:  |  |                                       | ·                                      | <u> </u>   | 22                              |
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| document's effective date on the Department of State's records.  The post-department of state in applicable statutory thing requirements, this date will not be be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the continuous date.  |  |                                       |  | r = 1  | 9                               |
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| ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day alord is filed.   |  |                                       | ory filing requireme                   | nys after filing.) Pursua<br>ints, this date will no | int to 605,0;<br>it be fisted   |
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| Dated SPETEMBER 24TH 2024  | SPETEMBER 24TH 2024  | ··· •                                 |  |  |                                 |
| ALI IRAQ (Sep 24, 2024 11:29 EDT) Signature of a member or authorized representative of a member   | D;   |                                       |  |  |                                 |

Filing Fee: \$25.00