

Florida Department
Division of Corporations
Electronic Filing Cover Sheet
L23000023238

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : AT PLUS CORP
Account Number : I20140000060
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Fax Number : (305)406-3999

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
WHOLESALE CIRCUITS LLC**

Certificate of Status	0
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Page Count	01
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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

OCT 13 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
JAN 12 2023 11:40
CLERK

WHOLESALE CIRCUITS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/11/2023 and assigned
Florida document number L23000023238.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

5610 NW 79TH AVE

DORAL FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5610 NW 79TH AVE

DORAL FL 33166

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: JONAS BELINASSO

New Registered Office Address: 5610 NW 79th AVE

Enter Florida street address

DORAL, Florida 33166

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.

Jonas Belinasso

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

FILED
JAN 12 2000
FBI - TAMPA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

SECRET

FILE
EXACTLY MATCHES

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 11 2023

Jonas Belina.28.

Signature of a member or authorized representative of a member

JONAS BELINASO

Typed or printed name of signee

Filing Fee: \$25.00