

**L2300030077**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : TAP SOLUTIONS INC  
Account Number : I20210000103  
Phone : (786)615-3057  
Fax Number : (786)615-3058

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

Email Address: info@tapsolution.net

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
IN ELECTRONIC DIESEL LLC**

Certificate of Status	1
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SECRETARY OF STATE

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INYELECTRONIC DIESEL 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 01/17/2023 and assigned  
Florida document number L23000030077.

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**)

7960 N SUNRISE LAKES DR APT 207

FORT LAUDERDALE, FL 33322

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

7960 N SUNRISE LAKES DR APT 207

FORT LAUDERDALE, FL 33322

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:

KATERINE MEDINA MEDINA

New Registered Office Address:

7960 N SUNRISE LAKES DR APT 207

*Enter Florida street address*

FORT LAUDERDALE

, Florida 33322

*City*

*Zip Code*

Now 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.*

KATERINE MEDINA  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	ALLAN GEOVO	1420 NE MIAMI PL SUITE 2511	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KATERINE MEDINA MEDINA	7960 N SUNRISE LAKES DR APT 207	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EDUARDO CASTRO BOSSIO	7960 N SUNRISE LAKES DR APT 207	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

The aggregate number of units of stocks and its values that this corporation is authorized to have

outstanding at any one time is :

KATERINE MEDINA MEDINA (50 UNITS)

EDUARDO CASTRO BOSSIO (50 UNITS)

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 24, 2024  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

KATERINE MEDINA MEDINA

\_\_\_\_\_  
Typed or printed name of signer