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

(((H23000186288 3)))



H230001862683ABC5

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 : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP

Account Number : 120140000098

Phone : (786)372-1391 Fax Number : (786)762-2589

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 NEW SUPPORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help S. ROBERTS

MAY 2 3 2043

H23000 186288 3

May. 21. 2023 5:24PM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H250001862883

NEW SUPPORT LLC	····			
(Name of the Limit	ed Liability Compa (A Florida Limited	iny as It now appe Liability Company	ars on our records.)	
The Articles of Organization for this Limited Li Florida document number	iability Company	were filed on _	04.05.2023	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company l	here:	
N / A				
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the	: designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
Principal office address MUST BE A STREE				20
Trincipul Office duaress most BL ASTICLE	1 /1DDREOU/			د د د
				-: ,
				22
Enter new malling address, if applicable:		-		<del></del>
Mailing address MAY BE A POST OFFICE	BOX)			 ಶಾ
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	_	address on our	records, <u>enter the</u>	name of the new regist
New Registered Office Address:		Enter Fi	lorida street address	
			. Florid	10
		City	, Florid	Zip Code
New Registered Agent's Signature, if changing I	Registered Agents	!		
hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regional filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as registered office	e performance o provided for in	of my duties, and I Chapter 605, F.S	am familiar with and . Or, if this document i
•			12/	
	If Cha	nging Registered ,	Agent, <u>Signature of Ne</u>	w Registered Agent

If amMay, 21, 2023r 5:24? Mon(s) authorized to manage, enter the title, name, and address of No. 0592:son?. 3ig added or removed from our records:

H230001862883

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	EDUARDO CORREA-MENDOZA	7500 NW 25TH STREET	<b>=</b> Add
		STE 246	□Remove
		MIAMI FL 33122	□ Change
			□Remove
			☐ Change
			□Add
			Remove
			©Change
			□Add
			□Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Add
			\ \_Remove
			Change

_	
_	
ective	date, if other than the date of filling: 05 19 23 (optional)
i officiti	ive date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Pursuant to 603.0207 (
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the control of State's records.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed	
	.0 .6
ed	Hay 19th 2023
	al consoler (and source)
	primite of a member or authorized representative of a member
	<del></del>

Filing Fee: \$25.00