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5/19/23, 12.59 PM

Division of Corporations



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Division	of

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

From:

To:

Account Name		GREENBERG TRAURIG	
ACCOUNTE Name	•	GREENDENG TRAUNTG	(ORCANDO)
Account Number	:	103731001374	
Phone	:	(407)418-2435	
Fax Number	:	(407)420-5909	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Skmosspark@gmail.com Email Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LINUS II, LLC

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Τo:	18506176383	

(((H23000186043 3)))		AMENDMENT O	
• •		ORGANIZATION of	• •
LINUS II, LLC			
	ame of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	_)
The Articles of Organization for	this Limited Liability Company	were filed on May 18, 2023	and assigned
Florida document number <u>L2300</u>	0245992		
This amendment is submitted to a	amend the following:		
A. If amending name, enter the	e new name of the limited liab	<u>ility company here</u> :	
N/A			
The new name must be distinguishable	and contain the words "Limited Liabi	hty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices add	ress, if applicable:	N/A	
(Principal office address MUST	<u>BE A STREET ADDRESS)</u>		
Enter new mailing address, if a	nnlicable	N/A	
(Mailing address MAY BE A PO	•••		

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:	N/A	
New Registered Office Address:		023 H
	Enter Florida street	address 🔰 2
		_ Florida O
	City	Zıp Code
New Registered Agent's Signature, if changing	Registered Agent:	ш. — Ц. — Ц. —

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.

.

2023-05-19 13:42:52 EDT

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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 = AMBR =	Manager Authorized Member	(((1123000	186043 3)))
<u>Title</u>	Name	Address	Type of Action
MGR	Sunil M. Kakkar	311 W. Oak St.	
		Kissimmee, FL 34741	🛙 Remove
			□Change
			Dpv 🖂
			🖸 Remove
			DChange
			🗆 Add
			🗆 Remove
			OChange
			🖸 Add
			🖸 Change
			Add
			🗆 Remove
			⊡Change
			🛛 Remove
(H230001860	043 3)))		□Change

(((1123000186043.3)))

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

n/a					

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<u>_</u> .					
·····					
	•				<u></u>
ective date, if other the reflective date is listed, the te: If the date inserted in cument's effective date of	date must be specific and u n this block does not me	cannot he prior to date o ret the applicable stat	f filing or more than 90 utory filing requirer	(optional) (days after filing) Pursu nents, this date will no	ant to 605,02 nt be listed a
cord specifies a delayed s filed.	effective date, but not a	in effective time, at 1	2:01 a.m. on the ear	lier of: (b) The 90th	day after th

Dated ______ 2023

1st Eric Castleson

Signature of a member or authorized representative of a member

Eric Castleson, Authorized Representative

Typed or printed name of signee

Filing Fee: S25.00

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