

10/25/23, 12:45 PM

Division of Corporations

L23000247287

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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((H23000372551 3)))



H230003725513ABC

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Email Address: heyjoelh@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IT DELIVERY LLC**

Certificate of Status	0
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2023 OCT 25 PM 2:43
SECRETARY OF STATE
TALLAHASSEE FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IT Delivery LLC

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

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 SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 5/19/2023 and assigned
 Florida document number L23000247287.

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:

5200 NW 33rd Ave, Suite 200-AM180

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, Florida 33309

Enter new mailing address, if applicable:

5200 NW 33rd Ave, Suite 200-AM180

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, Florida 33309

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

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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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Joel Horowitz	5200 NW 33rd Ave. Suite 200-AM180	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33309	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

[illegible]

(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)

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 October 18, 2023

Signature of a member or authorized representative of a member

Joel Horowitz, Member.

Typed or printed name of signee

Filing Fee: \$25.00