2 3 O Florida Department of State Division of Gorphiations Flectronic Filing Cover Sheet

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.

(((H23000243365 3)))



H230002433653ABC

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address:____

REPARTMENT OF STATE VISION SEE, FLORIDON

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IDE ELECTRONICS INTERNATIONAL USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS JUL 12 2023

2023 J.T. 11 P.A. 1: 30

٠,٠

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IDE ELECTRONICS INTERNATIONAL LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	
Florida document number L23000308169	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbreviation W. L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	PH
Enter new mailing address, if applicable:	±. -1
(Mailing address MAY BE A POST OFFICE BOX)	ं
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	r Florida street address
	. Florida
Cin	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 abligations 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.

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>	Name	Address	Type of Action
AMBR	MACCALL ROBERT	7480 BIRD RD STE 810	
		MIAMI, FL 33155	
AMBR	MCCALL ROBERT	7480 BIRD RD STE 810	_ ,
			————— ■ Add
		MIAMI, FL 33155	□Remove
			© Change
			DChange
			□Add
			□ Remove
			Change
			DAdd
			□ Remove
			Change
<u>-</u>			□Add
			Пепюче
			□Change

			·				
_							_
		-		·			-
	-	-					_
	······································	·					_
							
							-
					·		-
		· · · · · · · · · · · · · · · · · · ·					-
		<u></u>					_
							
							_
			 -				-
							_
	···	· 					
-							-
							
	· -			· · · · · · · · · · · · · · · · · · ·		····	-
							•
ective d	ate, if other than	he date of filir	ıg:		(opt	ional) r filing.) Pursuant to 60:	
	date is listed, the date thate inserted in this effective date on the	INVOCA DOCS HOL	meet me anone	adie Similiory din	nore than 90 days afte ig requirements, th	r filing.) Pursuant to 60: is date will not be list	5.020 ed a
ord spe filed.	cifies a delayed effec	tive date, but no	t an effective ti	me, at 12:01 a.m.	on the earlier of: ()	o) The 90th day afte	r the
07/11 ed	ı		2023				
		/	17	·			
		(M	MY 8	rized representative			

Typed or printed name of signee