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

From:

To:

Account Name : NELSON 3 ASSOCIATES, C.P.A., P.A. Account Number : I20120000033 Phone : (305)593-0820 Fax Number : (305)593-8744

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

Email Address: \_\_\_\_\_annualrenewals@taxnelson.com\_\_



K. SALY

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JU1. 22. 2024 12:49PM		No. 1035 - F 274
(((H24000 ARTICLES OF A TC ARTICLES OF O O	) RGANIZATION	FILEL 124 JUL 22 AM 412 ACCANASSER 1990
MARANI INTERNATIONAL LLC		
(Name of the Limited Liability Compar (A Florida Limited L	in as it now appears on our records.) ability Company)	-
The Articles of Organization for this Limited Liability Company v Florida document number <u>L23000214522</u> This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited tiabil</u>		and assigned
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	r the abbicviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<b>B.</b> If amending the registered agent and/or registered office an agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	nume of the new registered

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	esy
	, F	lorida 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.

If Changing Registered Agent, Signature of New Registered Agent

NE 1035 E 3 4

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person, being added</u> or removed from our records:

MGR = Manager

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AMBR = Authorized Member

AMBR	CARIBBEAN ELECTRONIC ENTERPRISES INC	6935 NW 51ST SREET 	EAdd
			Change
MGR	SEAN M MEDEROS	7700 SW 51 AVE	🖸 Add
		M(AMJ, FL 33)43	
			ŪChange
MGR	GEORGE P. MEDÈRÓS	7737 SW \$8 ST C#101	🗆 Add
		MIAMI, PL 33156	= =Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 \_\_\_\_\_\_, \_\_\_\_\_,

Signature of a member or authorized representative of a member

SEAN M. MEDEROS

Typed or printed name of signee

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