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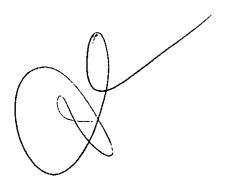




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COVER LETTER

Division of Cor			
	CONSULTING LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The englosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
	ondence concerning this matter t		
,	<u> </u>	•	
	TAWFIK GOMA		
		Name of Person	
	GOMA LAW, PLLC		
		Firm/Company	
	712 S. OCEAN SHORE B	LVD	
		Address	
	FLAGLER BEACH, FLOI	RIDA 32136	
		City/State and Zip Code	20
	TAWFIK@GOMALAW.C	OM to be used for future annual report notification	<u> </u>
For further information	concerning this matter, please co		2073 PEC 27
TAWFIK GOMA	•	386 259-0040	
Name of Person		at () Area Code Daytime Tel	ephone Number
			23
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Sectio Division of Corpor The Centre of Talla	ations

Tallahassee. FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HELIO IP CONSULTING LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp.	nany were filed on DECEMBER 15TH, 2023	and assigned	d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
AMUNET IP LLC			
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or the abb	reviation "L.L.C."	,
Enter new principal offices address, if applicable:		_	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
		2023	
		23 P.F	
C		 	
Enter new mailing address, if applicable:		27	
(Mailing address MAY BE A POST OFFICE BOX)			.
			1 . 1
	or III was a same	• •	gictoro
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	nce address on our records, enter the name	or the new re-	gisteret
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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ □ Remove 273 □ □ Change
			27
			□Add ==: == =============================
			Change
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			□Remove
			□ Change

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					23
Tective date, if other than an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on t	e must be specific an als block does not	id cannot be prior t meet the applica	o date of filing or more ble statutory filing ((optional) than 90 days after filing equirements, this date	(a) Pursuant to 605.03
e record specifies a del The 90th day after the	ayed effective record is filed	date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier
DECEMBER 20TH		. 2023	· <u>-</u> -		
		1 1	rized representative o	<u>, </u>	

Page 3 of 3

Filing Fee: \$25.00