Division of Corporations 8/20/24, 1:09 PM

> 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.

> > (((H24000279005 3)))



H240002790053AECS

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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## INTER TECHNIC FIRE LLC

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

Électronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTER TECHNIC FIRE LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number L24000089887  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	were filed on <u>02/20/2024</u> and assigned
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5225 COLLINS AVE, SUITE 226, MIAMI BEACH, FL 3314
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	5225 COLLINS AVE, SUITE 226, MIAMI BEACH, FL 3314  address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida su eet address Florida
New Registered Agent's Signature, if changing Registered Agent:	Cay Zip Cod
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ve to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar Tigh and I provided for in Chapter 605. F.S. Or, if this decument is

If Changing Registered Agent, Signature of New Registered Agent

13053284774

\_\_\_\_\_ [.]Change

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 = Man AMBR = Auti	ager porized Member		
Title	Name	Address	Type of Action
			□Add
			□Remove
			ClChange
			🗆 Add
			ОЗелюче
			UlChange
			CIAdd
			ElRemove
			□Change
			_,CJAdd
			URemove
			ElChange
			CIAdd
			ERemove
			UlChange
			UAdd
			□Remove

From Yanet A

		-
		_
<del></del>		_
<del></del>		-
		-
		_
<u> </u>		
		-
		-
		_
<del></del>		-
		-
		-
Effective date, if other than the d	late of filing:(optional)	
If an effective date is listed, the date must t	he specific and cumot be prior to date of filing or more than 90 days after filing.) Pursuant to 60.	5,0207
Note: It the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be list partment of State's records.	ied as
·		
e record specifies a delayed offective	date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	er tha
rd is filed.	ome, and more the content of the content of the content of	
August 20th Dated	2024	
	<u> </u>	
Auch Mi	r	
S	ignature of a member or authorized representative of a member	
SHABAN MALIK		
	Typed or printed name of signee	