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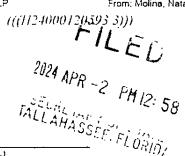
Electronic Filing Menu

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Help

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



EFTL LLC

| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our records. Liability Company) | 1 08/1)/ |
|--|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>1.24000138517</u> . | were filed on MARCH 20, 2024 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liah | ility company here: | |
| EFT4903 LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | N/A | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | N/A | |
| (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: Name of New Registered Agent: New Registered Office Address: | address on our records, enter the | he name of the new registered |
| | | |
| | Flor | ridaZip Code |
| New Registered Agent's Signature, if changing Registered Agent: | • | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | ree to act in this capacity. I furt performance of my duties, and provided for in Chapter 605, F. | H am familiar with and S. Or, if this document is |

To:

-(((H240001205933)))

_____ □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 = Manager AMBR = Authorized Member <u>Title</u> Name Address Type of Action N/A□Add _____ 🗀 Change _____ □Remove _____ Change _____ □Remove □Add ____ □Remove

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From; Molina, Natasha

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| Tective date, if other than the medical street of the fate mu | e date of filing: st be specific and cannot be prior to date of filing or n | (optional) tore than 90 days after filing.) Pursuant to 605,0207 |
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| ocument's effective date on the L | Department of State's records. | |
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| Ebru Atasav I | ahreinei Signature of a member or authorized representative | Comment |
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