

10/18/24, 5:26 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H240003495613

L24000158096

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(((H24000349561 3)))



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

From: Account Name : MORISON TAX TEAM LLC
 Account Number : 12020000187
 Phone : (786)757-2436
 Fax Number : (786)513-5977

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 SECRETARY OF STATE
 TALLAHASSEE, FL

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

Email Address: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
963BDD LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

M. SOLOMON
 OCT 21 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000349561 3

963HDD LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/02/2024 and assigned Florida document number L24000158096

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

H24000349561 3

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------------|------------------|---|
| AMBR | Francisco Orlando Gutierrez | 3625 NW 82ND AVE | <input checked="" type="checkbox"/> Add |
| | | SUITE 318 DORAL, | <input type="checkbox"/> Remove |
| | | FL 33166 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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