

10/18/24, 5:26 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

H240003495613

L24000158096

Note: Please print this page and use it as a cover sheet. Type the tax audit number
 (shown below) on the top and bottom of all pages of the document.

(((H24000349561 3)))



H2400034956134801

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

2024 OCT 21 PM 2: 36
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

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

Email Address: _____

RECEIVED

2024 OCT 21 PM 12: 00

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

COVER LETTER

H24000349561 3

**TO: Registration Section
Division of Corporations**

SUBJECT: 963BDD LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS LEON
Name of Person

SACONSA GROUP LLC
Firm/Company

3625 NW 82 Avenue Suite 100-K
Address

DORAL, FL 33166
City/State and Zip Code

JESUSLEONTERAN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT 21 PM 2:36

FILED

For further information concerning this matter, please call:

JESUS LEON 786 7572436
Name of Person at () Area Code Daytime Telephone Number

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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H24000349561 3

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)

FILED 2024 OCT 21 PM 2:36 STATE OF FLORIDA TALLAHASSEE, FL

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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2024 OCT 21 PM 2:36
 TALLAHASSEE, FL
 CLERK OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


H24000349561 3

FILED
 2024 OCT 21 PM 2:36
 DEPARTMENT OF STATE
 MAIL ROOM/STATE PL

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 OCTOBER 14 2024 _____



 Signature of a member or authorized representative of a member

GLADYS LINARES HURTADO

 Typed or printed name of signee

H24000349561 3