

20/06/2024, 08:47

Division of Corporations

**L24000253510**

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

From:  
Account Name : EAST COAST MULTISERVICE INC  
Account Number : I20230000142  
Phone : (305)631-2190  
Fax Number : (786)713-1965

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DIVISION OF CORPORATIONS

24 JUN 20 PH12:30

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
REMOTE-VEN, LLC**

Certificate of Status	0
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**M. SOLOMON**

**JUN 20 2024**

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

REMOTE-VEN, 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 JUNE 3, 2024 and assigned Florida document number L24000253510.

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 "LLC".

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

SEARCHED  
INDEXED  
FILED  
JUN 4 2024  
FLORIDA  
STATE  
AGENCY

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INDEXED  
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JUN 4 2024  
FLORIDA  
STATE  
AGENCY

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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JUN 4 2024  
FLORIDA  
STATE  
AGENCY

**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*

\_\_\_\_\_ , 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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KHAN, ZAAHIR H	145-48 105TH AVE JAMAICA, NY 11435	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	RODRIGUEZ, LEOBEL	1275 W 47TH PL, SUITE 312 HAILEAH, FL 33012	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

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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) \_\_\_\_\_ (optional)

**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 JUNE 20 2024

2024

ZAAHIR KHAN

FRAILTY RISK 1.0, 2024-03-26, 1/21

Signature of a member or authorized representative of a member

ZAAHIR H. KHAN

Typed or printed name of signee