

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

M. SOLOMON

JUL 22 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 "L.L.C."

Enter new principal offices address, if applicable:

3216 STATE ST

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD, FL 33021

Enter new mailing address, if applicable:

3216 STATE ST

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD, FL 33021

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:

EAST COAST MULTISERVICE INC

New Registered Office Address:

1275 W 47TH PL, STE 312

Enter Florida street address

HIALEAH

Florida 33012

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.

CLAUDIA PERDOMO

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KHAN ZAAHIR HISHAM	145-48 105TH AVE	<input type="checkbox"/> Add
		JAMAICA, NY 11435	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PERDOMO, CLAUDIA	1275 W 47TH PL. STE 312	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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THIRD

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Dated JULY 05 2024

zaahir Khan

Signature of a member or authorized representative of a member

ZAAHIR H. KHAN

Typed or printed name of signee