

L24000272577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

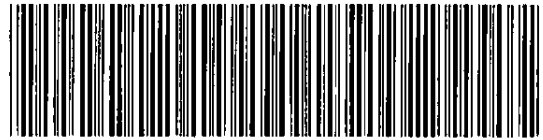
(Business Entity Name)

(Document Number)

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2024 SEP 10 PM 2:31  
Filing Office  
Tulsa, Oklahoma

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TARGON NETWORKS 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:

JOSE LEON

Name of Person

LBS LEON BUSINESS SERVICES LLC

Firm/Company

8333 W MCNAB RD STE 114

Address

TAMARAC, FL 33321

City/State and Zip Code

info@leonbusinesservices.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE LEON

954

323-9074

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 SEP 19 PM 2:21  
SEP 19 2023

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

TARGON NETWORKS 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 06/15/2024 and assigned Florida document number 124000272577.

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)

8333 W MCNAB RD

STE 114 3W

TAMARAC, FL 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8333 W MCNAB RD

STE 114 3W

TAMARAC, FL 33321

**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:

JOSE LEON

New Registered Office Address:

8333 W MCNAB RD STE 114

Enter Florida street address

TAMARAC

Florida

33321

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

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>
MGR	STEVEN J MONTERO BONNET	8333 W MCNAB RD	<input type="checkbox"/> Add
		STE 114 3W	<input type="checkbox"/> Remove
		TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change
AMBR	STEVEN J MONTERO BONNET	8333 W MCNAB RD	<input type="checkbox"/> Add
		STE 114 3W	<input type="checkbox"/> Remove
		TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2025 SEP 10  
11:56 AM  
CITY OF TAMPA  
OFFICE OF THE CITY CLERK

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

CHANGING:

PRINCIPAL MAILING ADDRESS

REGISTERING AGENT

ADDRESS OF MEMBERS

**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

8/29/2024

Signature of a member or authorized representative of a member

STEVEN J MONTERO BONNET

Typed or printed name of signee

SEP 10 2024  
10:23:31  
FRI