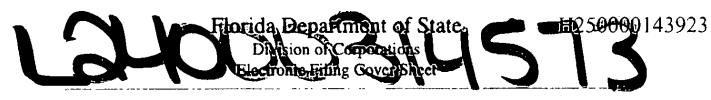
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MORISON TAX TEAM LLC

Account Number : I20200000187 Phone : (786)757-2436 Fax Number : (786)513-5977

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KINGDIAG RET LLC

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Page: 5 of 8

COVER LETTER

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| er: n 107 | | IGDIAG RET LLC | | | | |
| SUBJEC | L I: | Name of Li | mited Liability Company | | | |
| | | cles of Amendment and fee(s) are su orrespondence concerning this matte | | | | |
| | | JESUS LEON | 5 | | | |
| | | | Name of Person | | | |
| | | MI TAX TEAM LLC | | | | |
| | | | Firm/Company | | | |
| | | 3625 NW 82 Avenue | e Suite 318 | | | |
| | | · | Address | | | |
| | DORAL, FL 33166 | | | | | |
| | | | City/State and Zip Code | | | |
| | | JESUSLEONTERAN@G E-mail address: | MAIL.COM (to be used for future annual report notif | ication) | | |
| For furth | ner inform | ation concerning this matter, please | call: | | | |
| JESUS | LEON | | 786 7572436 | | | |
| _ | 1 | Name of Person | at () | e Telephone Number | | |
| Enclosed | d is a chec | k for the following amount: | | | | |
| □ \$25J | 00 Filing F | Fee S30.00 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) | | |
| | i | MAILING ADDRESS: | STREET/COURI | ER ADDRESS: | | |

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H250000143923

| KINGDIAG RET LLC | | | |
|--|---|-------------------------------------|-----------------------|
| (Name of the Limited | Liability Company as it now app A Florida Limited Liability Compan | ears on our records.) | |
| The Articles of Organization for this Limited Liah Florida document number | nility Company were filed on | 07/15/2024 | and assigned |
| This amendment is submitted to amend the follow | ring: | | |
| A. If amending name, enter the new name of t | he limited liability company | <u>here</u> : | |
| The new name must be distinguishable and contain the wor | rls "Limited Liability Company," th | ne designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | le: | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | 220 | | 2025 JA |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | on our records, <u>ente</u> | 5 - 5 |
| Name of New Registered Agent: | | | 8: 09 |
| New Registered Office Address: | Farm | Florida street address | |
| | Enter | riorida street address , Florida | |
| | City | | |

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

H250000143923

| Title | <u>Name</u> | Address | Type of Action |
|-------|------------------------|------------------|-----------------|
| AMBR | PINILLOS, NATALIA C | 3625 NW 82ND AVE | ☐ Add |
| | | SUITÉ 318 DORAL, | ■ Remove |
| | | FL 33166 | ☐ Change |
| AMBR | SALCEDO YANEZ, OSCAR M | 3625 NW 82ND AVE | Add |
| | | SUITE 318 DORAL, | |
| | | FL 33166 | Change |
| | | | D Add |
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From: JESUS LEON

| | H25000014392 |
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| umending any other information, enter change(s) here: Attach additional sheet | (s, if necessary) |
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| record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed. | 12:01 a.m. on the earlier of: |
| ated | |
| Signature of a member of authorized representative of a memb | |
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Page 3 of 3

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