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(((H24000370235 3)))



H240003702353ABC-

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	Division of Corporations				
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From:					
	Account Name	: ALLSTATE CORPORATE SERVICES CORP			
	Account Number	: 120040000031		26	
	Phone	: (800)906-9220		2624 KOY	
	Fax Number	: (800)906-9880		7	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IDAHO DOCUMENT PROCESSING LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

To.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IDAHO DOCUMENT PROCESSING LLC (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company were filed on 08/22/2024 Florida document number 1.24000369238				and assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the de	signation "LLC" or the ab	breviation "L."	L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:		-	2024 KOY -1	·ì	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the nam</u>	S P S S S S S S S S S S S S S S S S S S	y registered	
Name of New Registered Agent:					
New Registered Office Address:	Enter Floric	la street address	 		
*1870-1-10-1	Cin	Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	•		•		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this co performance of n provided for in Cl	ny duties, and I am f hapter 605, F.S. Or.	amiliar wit if this docu	h and ment is	

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>	Name	Address	Type of Action
MGR	Johnny Yip	1275 66TH ST N, #47249	□Add
		SAINT PETERSBURG, FL 33743	≅Remove
			Change
			□Remove
			□Change
			□Add
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		1	
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.0 e statutory filing requirements, this date will not be listed)207 (3) 3 as the
he record specifies a delayed effectivord is filed.	e date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
Dated November 1	2024		
	Signature of a member or authorize	d and a second s	

Filing Fee: \$25.00

Typed or printed name of signee