



From: Hector Rodriguez \*

Fax: (850) 617-6383

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number : I20130000079 Phone

: (305)804-1047

Fax Number

: (866)353-4403

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOBO DE LEON GROUP LLC

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LOBO DE LEON GROUP LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TILED PRESE (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 09/11/2024 Florida document number <u>L24</u>000396580 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

## 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

\_\_, Florida \_\_

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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:

To: Sunbiz LLC

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	JOSE E LOBO	2723 HOLLYWOOD BLVD	<b>■</b> Add
		HOLLYWOOD, FL 33020	☐ Remove
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			П Remove
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			□ Remove
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			Remove
			Change

To: Sunbiz LLC

D. If an	nending any other informatio	n, enter change(s) he	(((\text{\text{H}}))) ere: (Attach additional	H24000361046	3)))
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Note:	ive date, if other than the date ective date is listed, the date must be so lif the date inserted in this block dent's effective date on the Depart	pecific and cannot be prior	to date of filing or more th	(optional) an 90 days after filing uirements, this date	
the rec	ord specifies a delayed effo 90th day after the record i	ective date, but no		. at 12:01 a.m.	on the earlier of:
Dated	OCTOBER 29	2024	-00		
	Signa	ture of a member or author	orized representative of a m	nember	
	JOSE E LOBO		•		
		Typed or printe	d name of signee		

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Filing Fee: \$25.00