From: Mostafa Hossain

Fax: 13055701727

To:

Fax: (850) 617-6383

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09/16/2024 1:55 PM

Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HOSSAIN & ASSOCIATES P.A.

Account Number : I20210000150 Phone : (786)688-0011 Fax Number : (305)570-1727

\*\*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 TECH BEST BUY LLC

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

From: Mostafa Hossain

Fax: 13055701727

Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company)

FILEL
MASSPIE MASSA

TECH BEST BUY LLC (Name of the Limited Liability Company as it now appears on our records.

The Articles of Organization for this Limited Liability Company were filed on \_09/11/2024 \_\_\_\_ and assigned Florida document number L24000397824 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: THAB NASER Name of New Registered Agent: New Registered Office Address: 4608 SW 125TH LANE Enter Florida street address \_, Florida 33027 Zip Code MIRAMAR 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

From: Mostata Hossain PFax: 13055701727

or removed from our records:

( To:

Fax: (850) 617-6383 Page: 4 of 5 09/16/2024 1:55 PM

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
P	IHAB NASSER	4608 SW 125TH LANE	□Add
		MIRAMAR, FL 33027	<del></del>
P	IHAB NASER		□Change
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fective date, if other than the date of filing:  on effective date is listed, the date must be specific and cannot be prior to the date inserted in this block does not meet the application occument's effective date on the Department of State's records.	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605,020 ble statutory filing requirements, this date will not be listed as
ecord specifies a delayed effective date, but not an effective timis filed.	ne, at 12:01 a.m. on the earlier of: (b). The 90th day after the
september 16TH 2024	
Signature of a member or authori	ized representative of a member