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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

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

rubin.barry1@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AAA BROWARD TAG AND TILE SERVICES, LLC

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From Corporate Service Center Inc 1.702.507.9682 Mon Jan 20 12:45:31 2025 MST Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

фAA BROWARI		
(Name of the Limited Lin (A Flo	ibility Company as it naw appears on our records.) orda Limited Liability Company)	
he Articles of Organization for this Limited Liabilit	y Company were filed on 09/19/24	and assigned
lorida document number 09/19/24		
fortga document number	 ,	
his amendment is submitted to amend the following	3:	
. If amending name, enter the new name of the l	limited liability company here:	
AAA BROWARD	TAG AND TITLE SERVICES, LLC	
he new name must be distinguishable and contain the words "		breviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	ODRESS)	
* *-		
Mailing address MAY BE A POST OFFICE BOX) . If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter	the name of the
Name of New Registered Agent:	egistered office address on our records, enter	the name of the
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>enter</u> address here:	the name of the
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:	egistered office address on our records, enter address here: Enter Florida street address	the name of the
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:	egistered office address on our records, enter address here: Enter Florida street address, Florida	the name of the
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:	egistered office address on our records, enter address here: Enter Florida street address City	the name of the
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:	Enter Florida street address City Creed Agent:	Zip Çide S

If Changing Registered Agent, Signature of New Registered Agent

From Corporate Service Center Inc 1.702.507.9682 Mon Jan 20 12:45:31 2025 MST Page 3 of 4

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

Title	Name	Address	Type of Action
			Add
			Remove
			☐ Change
			D Add
			□ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Clininge
			□ Add
			Remove
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fective date, if oth	r than the date of filing: N/A	(optional)
n effective date is usied	, the date must be specific and cannot be prior to date of filing or reed in this block does not meet the applicable statutory fili	more than 90 days after filing.) Pursuant to 605.026
	ite on the Department of State's records.	
	a delayed effective date, but not an effective er the record is filed.	time, at 12:01 a.m. on the earlier of
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ated December 1	. 2024	
	nga wa wekeni	
·····	Signature of a member or authorized representative	
	Down, Oukin	
	Barry Rubin Typed or printed name of signee	

Page 3 of 3

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