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(((H25000090480 3)))



H250000904803ABC

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To:

Division of Corporations

18133362232

Fax Number : (850)617-6383

From:

Account Name : TAX & FINANCIAL FIRM INC

Account Number : I2024000005 Phone : (214)554-0731 Fax Number : (813)336-2232

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

Email Address: mail@eztaxadvisor.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **IPHIXSMART LLC**

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K. SALY

MAR 1 2 2025

COVER LETTER

(((H25000090480 3)))

TO:	Registration S Division of Co		(((125000030-100 3)))	
CUBIE		IART LLC		
SUBJE	СТ:		nited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please r	eturn all corres	oondence concerning this matter	to the following:	
		ABID NAEEM		
			Name of Person	
		TAX & FINANCIAL FIR	M INC	
			Firm/Company	
		2613 KNIGHT ISLAND I	DR	
			Address	
		BRANDON, FL 33511		
			City/State and Zip Code	
		MAIL@EZTAXADVISOR		*
5 6 4			to be used for future annual report noti	lication)
For furti	ner information	concerning this matter, please o	ali:	
ABIDN			214 554-0731 at ()	
	Name	of Person	Area Code Daytime	e Telephone Number
Enclosed	d is a check for	the following amount:		
□ \$ 25	.00 Filing Fee	☐ \$30.00 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)
	Mailing Addres Registration Division of C P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

_	TrZ3 ((H25000M(1480.3)))
ARTIC	TO (((H25000090480 3))) LES OF ORGANIZATION
	OF ORGANIZATION
IPHIXSMART LLC	
(Name of the Limited L (A F	TO (((H25000090480 3))) LES OF ORGANIZATION OF dability Company as it now appears on our records.) forida Limited Liability Company)
Articles of Organization for this Limited Liabil.	lity Company were filed on 10/21/2024
rida document number L24000445573	and assigned 1
amendment is submitted to amend the followin	ng:
f amending name, enter the new name of the	
same of the new name of the	imited habinty company here:
new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
er new principal offices address, if applicable:	
ncipal office address MUST BE A STREET AL	*
	JORESS!
r new mailing address, if applicable:	
ing address MAY BE A POST OFFICE BOX	")
amending the registered agent and/or register	ered office address on our records, enter the name of the new registere
amending the registered agent and/or registe and/or the new registered office address her	ered office address on our records, enter the name of the new registere:
server and the received on the audites her	ered office address on our records, enter the name of the new registere:
Name of New Registered Agent:	ered office address on our records, <u>enter the name of the new registers</u> :
sales of the feether of the studies her	G :
Name of New Registered Agent:	Enter Florida street address
Name of New Registered Agent:	Enter Florida street address
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida City Zip Code
Name of New Registered Agent: New Registered Office Address: Registered Agent's Signature, if changing Registered agents accept the appointment as registered agents of all statutes relative to the proper and of the obligations of my position as registered if filed to merely reflect a change in the register	Enter Florida street address
Name of New Registered Agent: New Registered Office Address: Registered Agent's Signature, if changing Registered by accept the appointment as registered agentions of all statutes relative to the proper and the obligations of my position as registered	Enter Florida street address
Name of New Registered Agent: New Registered Office Address: egistered Agent's Signature, if changing Registered by accept the appointment as registered agentions of all statutes relative to the proper and the obligations of my position as registered filed to merely reflect a change in the register	Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H25000090480 3)))

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	TAMMAM HAMID	8437 YELLOW LILY AVE APT 7218	= Add
		TAMPA, FL 33619	□ Remove
			DAdd S
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Mective date, if other than an effective date is listed, the date of the inthe other. If the date inserted in the comment's effective date on the	must be specific and c s block does not me	annot be prior to dat		(optional) days after filing.) Purents, this date will	suant to 605.0207 (3)(
ocument's effective date on th	e Department of Sta	ite's records.	• • •		not be hated as the
ecord specifies a delayed effe is filed.	ctive date, but not as	n effective time, a	t 12:01 s.m. on the earli	er of: (b) The 90	h day after the
MARCH 10TH		2025			
	Aleid	Pae	$\overline{}$		
	Signature of a me	mber or authorized			