rida Dopantment of State

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.

(((H25000124327 3)))



H250001243273ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A PLUS GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

Page: 2 of 4

2025-04-05 07:10:58 UTC+14

18506176383

From: ZenBusiness User

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Plus Group LLC		
(<u>Same of the Umited Liability Comp</u> r (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.25000020976}{1.25000020976}$	were filed on 01/10/2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	nility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8865 Commodity Circle	
(Principal office address MUST BE A STREET ADDRESS)	STE 14-103 #1028	
	Orlando, FL 32819 US	
Enter new mailing address, if applicable:	8865 Commodity Circle	
(Mailing address MAY BE A POST OFFICE BOX)	STE 14-103 #1028 Orlando, FL 32819 US	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		name of the new:registered
Name of New Registered Agent:		32
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	City ,	Zip Code

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

To: Page: 3 of 4 2025-04-05 07:10:58 UTC+14 18506176383 From: ZenBusiness User in amending Authorized Person(s) authorized to manage. enter the time, 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
AMBR	Angel Luis Delgado jr	8865 Commodity Circle	[]Add
		STE 14-103 #1028	
		Orlando, FL 32819 US	≘ Change
			□Add
			∏Remove
			☐ Change
A			□Add
			□Remove
			LIChange
	total		∏ Add
			□Remove
			□Change
<u></u>			UAdd
			[]Remove
			□Add
			□Remove
			LlChange

18506176383

* Page: 4 of 4

Page 2 of 3

fective date, if other than the date of filing: un effective date is listed, the date unist be specific and cannot be prior to date	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
ective date, if other than the date of filing:	
n effective date is listed, the date must be specific and cannot be prior to date	
	(optional)
t <u>e:</u> If the date inserted in this block does not meet the applicable st	filing or more than 90 days after filing.) Pursuant to 605,020 story filing requirements, this date will not be listed a
nument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an in the 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of
ed 4/4	
/s/ Angel Luis Delgado jr	
Signature of a member or authorized i	esentative of a member

Page 3 of 3

Filing Fee: \$25.00