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COVER LETTER

TO:	Registration Sect Division of Corpo	ion orations	•		
SUBJE	Midnight Mu	nchies Express, LLC			
Name of Limited Liability Company					
The enc	closed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please r	eturn all correspond	dence concerning this matter t	to the following:		
		Nancy Amaro			
			Name of Person		
			Firm/Company		
		648 E. 30 St	TimeCompany		
			Address		
		Hialcah, FL 33013			
		qismaglobal@gmail.com	City/State and Zip Code		
		E-mail address: (to	o be used for future annual report n	otification)	
For furt	her information cor	ncerning this matter, please ca	ill:		
Nancy .	Amaro		786 278-1651		
	Name of I	erson	Area Code Dayt	ime Telephone Number	
Enclose	ed 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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	night Munchies Express, LLC Liability Company as it now appears on Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document numberL15000207747	ility Company were filed on	12/14/2015 a	nd assigned
This amendment is submitted to amend the follows	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
Qi	isma Global, LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the design	ation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>	4.	
		- Y	C5
		, in the state of	
B. If amending the registered agent and/or	registered office address on ou	r records, enter the 1	name of the new
registered agent and/or the new registered offic	<u>e address here</u> :		On .
		· , -	
Name of New Registered Agent:			The state of
			<u>G</u>
New Registered Office Address:	Enter Florida s	traat addrass	
	Emer Puriau S	n cei uuur css	
		, Florida	
	City	Ziţ	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

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 <u>Title</u> **Name Address** Type of Action _□ Add _□ Remove __ Change _□ Add □ Remove _□ Change □ Add □ Remove _ Change □ Remove _□ Change _□ Add ☐ Remove _□ Change _□ Add ☐ Remove

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Filing Fee: \$25.00