## L160000027667

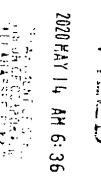
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JUN 0 4 2020 S. YOUNG

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Quo Vadis SUBJECT:	Group LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	PO Box 9886 Daytona E	Beach FL 32120			
		Name of Person	<del></del>		
	David Khan				
		Firm/Company			
	Quo Vadis Group LLC				
		Address			
	39 Undershire Path				
		City/State and Zip Code			
	Palm Coast FL 32164				
	E-mail address: (	to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
David Khan		386 671-5100			
Name o	f Person	Area Code Daytin	Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.0t) Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)		
Mailing Addres Registration 9 Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee		
Tallahassee, l	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		220 H
Quo Vadis Group		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	300 = 171
		是一
The Articles of Organization for this Limited Liability Company v	vere filed on	
Florida document number L16000027667		် တ
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	ie 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 adagent and/or the new registered office address here:  Name of New Registered Agent:	ldress on our records, enter the r	name of the new registered
New Registered Office Address:	Enter Florida street address	<del></del>
	, Florida	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and La rovided for in Chapter 605, F.S.	un familiar with and Or, if this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	David Khan	39 Undershire Path	
		Palm Coast FL 32164	<b>5</b> .
			TChange
AMBR	David Khan	39 Undershire Path	Ādd
		Palm Coast FL 32164	□Remove
			□Change
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Effective date, if other than the date of	f filing:		(optional)	
Effective date, if other than the date of (If an effective date is listed, the date must be spec Note: If the date inserted in this block does document's effective date on the Departme	itic and cannot be prior to s not meet the applical	date of filing or more than the statutory filing requi	90 days after filing.) Pursu	ant to 605,0207 (3)6 of be listed as the
the record specifies a delayed effective date, bord is filed.	out not an effective tim	e, at 12:01 a.m. on the c	arlier of: (b) The 90th	day after the
May 11th Dated	2020			
Dated	<u> </u>			
	(/////	ized representative of a me		

Filing Fee: \$25.00

Typed or printed name of signee