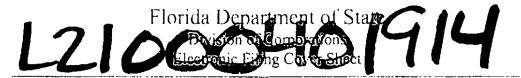
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4/27/23, 4:05 PM

Division of Corporations



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.

(((H23000158019 3)))



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 : CKO CONSULTING AND TAX SERVICES LLC

Account Number : 120220000100 Phone : (321)366-0510 Fax Number : (321)365-0511

\*\*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 SOHEMI QUALITY SOLUTIONS AND SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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TO:

Registration Section

#### **COVER LETTER**

Division of Co	rporations					
SI DIEZZE.	SOHEMI QUALITY	SOLUTIONS AND SERVICES L	.L.C			
SUBJECT:	Name of Lim	nted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspond	ondence concerning this matter	to the following:				
	CRISTIANE OLIVEIR	A SILVA				
		Name of Person				
	CKO CONSULTING A	ND TAX SERVICES LLC				
		Firm Company				
	2985 AMBERSWEET I	)),				
		Address				
	CLERMONT - FL - 347	711	ation)  [elephone Number]  [S60,00] Filing Fee,			
		City/State and Zip Code	<del></del>			
	CKOFINANCIALSERV	· ·	· · · · · · · · · · · · · · · · · · ·			
For further information of	n-mail address: ( concerning this matter, please o	to be used for future annual report not all:	ilication)			
	- ,					
CRISTIANE OLIVEIRA SILVA		at ()				
Name c	of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for :	he following amount:					
■ \$25.00 Filing Fee	\$30,00 Filing Fee &     Certificate of Status	S\$ 5.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			
<u>Mailing Addres</u> Registration	·	Street Address: Registration Se	estion			
Division of C		Division of Corporations				
P.O. Box 632	27	The Centre of	Fallahassee			
Tallahassee	FL 32314	2415 N. Monro	se Street, Suite 810			

Tallahassee, FL 32303

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compan Florida Limited L	y as it now nonears on our rec lability Company)	ords.)			
The Articles of Organization for this Limited Liab Florida document numberL21000401944	ility Company	were filed on0940/2021		and ass	signed	l
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of th	<u>ie limited liabi</u>	lity company here:				
The new name must be distinguishable and contain the word	ls Limited Linbili	ty Company," the designation "l	.I.C" or the	abbreviation "l.	.IC'	
Enter new principal offices address, if applicab	2185 LAKE DEBRA DRI	VE APT 4	31			
(Principal office address MUST BE A STREET)		ORLANDO - FL - 32835			<b>-</b>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2185 LAKE DEBRA DE	UVE APT	431		
		ORLANDO - FL - 3283:	` 			<del></del>
B. If amending the registered agent and/or reg agent and/or the new registered office address i		ddress on our records, <u>en</u>	ter the na	i <u>me of the</u> ne	w reg	<u>istered</u>
Name of New Registered Agent:	DANIEL HEN	RRY MAGNE MAMANI			201	
New Registered Office Address:	2185 LAKE DEBRA DRIVE APT 431				د <del>د</del> ت	
New regimered office reducer.	Enter Florala street aa				2 2	
	ORLANDO		Florida	32835 .	α	기 <del>년</del> 6일 년 
		Cini		Zip Code	P	, `~ <sub>-4</sub> ;
New Registered Agent's Signature, if changing Res	istered Agent:				بب	, -

Thereby 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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Daniel Henrry Magne Mamani	2215 LAKE DEBRA DR APT 1623	bbAtd
		ORLANDO - FL - 32835	
			□ Change
AMBR	Andrea Lopez Quispe	2215 LAKE DEBRA DR APT 1623	□ Add
		ORLANDO - FL - 32835	⊜Remove
			□Change
AMBR	Daniel Henrry Magne Mamani	2185 LAKE DEBRA DRIVE APT 431	■Add
		ORLANDO - FL - 32835	⊡Remove
			[] Change
AMBR	Andrea Lopez Quispe	2185 LAKE DEBRA DRIVE APT 434	= Add
		ORLANDO - FL - 32835	
			(Change
			□Remove
			☐ Change
			DAdd
			Remove
			——— ElChange

# H33000 1580 193 ABC\$

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l is filed,						The 90th day after t	the
nted	April	27	2023	3.			
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