L22000469472

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SECRETARY OF STATE
TALLAHASSEF, PATE

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
CUDIECT.	Q1 Bio, LL	С		
SUBJECT:		Name of Lim	ited Liability Company	
~ 1				
i ne enciosed	1 Articles of .	Amendment and fee(s) are sub	mitted for tiling.	
Please return	all correspo	ndence concerning this matter	to the following:	
		John Chiorando		
			Name of Person	
		Q1, LLC		
			Firm/Company	
		7651 Southland Blvd.		
			Address	
		Orlando, FL 32809		
			City/State and Zip Code	
		E-mail address: (to be used for future annual repo	n notification)
For further i	nformation c	oncerning this matter, please ca	all:	
Heather Me	glino		407 856-27 at ()	12
	Name o	f Person		aytime Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Addre	
	gistration S vision of C	Section orporations	Registratio Division of	n Section Corporations
	D. Box 632	-		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Q1 Bio, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number L2200046947 3.	were filed on 11/01/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SECO T
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SSEE, FL
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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>	Address	Type of Action
MGR	Guide Product Development	3116 W Nepoleon Ave, Tampa, FL 33611	□Add
			Remove
			□ Change
			□Add
			□Remove
			[] Change
			
			□Remove
			□Change
			□Add
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			□Add
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			□Change
			□Add
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fective	date, if other than the date of filing: (optional)	
n effectiv	e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	
	s effective date on the Department of State's records.	ica as
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
is filed.		
No	vember 26 2024	
ted		
	Signature of a member or authorized representative of a member	
	John Chiorando	
	Typed or printed name of signee	