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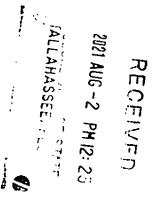
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration S Division of Co			
SUBJE	· ሪ ' ጠ •	QUICKPLAY HAULING	LLC.	
			nited Liability Company	 -
The enc	closed Articles of	Amendment and fee(s) are sul	pmitted for filing	
		ondence concerning this matter	-	
		Gustavo Lopez Bad	dillo	
			Name of Person	
			Firm/Company	
		189 Osprey Height	Dr	
		***************************************	Address	
		Winter Haven,FL 3		
		Quickplaytransport	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For furt	her information o	oncerning this matter, please o	all [.]	
Gust	avo Lopez Ba		at (<u>863</u>) 90	68-3450
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclose	d 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S	· · · ·	Street Address: Registration Sc	ection
Division of Corporations		Registration Section Division of Corporations		
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab) (A Flori	dility Company as it now appears on eda Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability	Company were filed on <u>Ha</u>	1 21,202	and assigned
Florida document number 121000210128) ··	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	nited liability company here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designs	ation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:			· B
(Principal office address MUST BE A STREET ADD	PRESS)	• ,	5 =
			Ti co
Enter new mailing address, if applicable:	****		PH 12.
(Mailing address MAY BE A POST OFFICE BOX)			- ω ω
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet 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 = Munager AMBR = Amborized Member

<u> Fiele</u>	Name	<u>Address</u>	Type of Action
MGR	Nasharelys Fernandez Rivero	3027 GoodRick Lane,Kissimmee,FL 34743	_ □Add
			_ Æ Remove
			_ Change
MGR	Gustavo Lopez Badillo	189 osprey height dr Winter Haven ,FL 33880	<u>)</u> (aladd
			_ 🗆 Remove
			_ 🗆 Change
			_ □Add
			_ □Remove
			_ 🗆 Change
			_ □Add
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		<u></u>	Remove
			□Change
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			_□Remove
			Change

D. Niamend	ling any other inform	nation, enter change((s) here: (Auach	additional sheets.	if necessary.)	
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Mote: If	the date inserted in this	the date of filling: nust be specific and cannot block does not meet the Department of State's	e applicable statut	iling or more than 90 day ory filing requiremen	(optional) ys after filing.) Pursuant to its, this date will not be	605 0207 (3)(listed as the
f the record s record is filed		tive date, but not an effe	ective time, at 12:	01 a.m. on the earlier	of: (b) The 90th day	after the
Dated	JULY 30		2021			
		Signaturezo a member	2 - Rice	sentative of a member		_
			·			
		NASHARELÝS Typed	or printed name of			_

Filling Fee: \$25.00