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2/10/21

COVER LETTER

TO: Registration S Division of Co				
	ERPRISES, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MAHMOOD, QAISAR			
		Name of Person		
	Q.F. ENTERPRISES, LLC	-		
		Firm/Company	 	
	10769 SUITE 12 BEACH	BLVD.		
		Address		
	JACKSONVILLE, FL 322	246		
		City/State and Zip Code		
	apnajax@gmail.com	to be used for future annual report not	(Cartion)	
For further information	concerning this matter, please c	-	nication)	
MAHMOOD, QAISAR	L	407 928-7278		
Name	of Person		ne Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	S30.00 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)	
Mailing Addre Registration		Street Address: Registration Se	ction	
Division of Corporations		Division of Cor	Division of Corporations	
P.O. Box 63 Tallahassee,		The Centre of 7 2415 N. Monro	Tallahassee e Street, Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Q.F. ENTERPRISES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/28/2020 ____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

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
MGR	Mohammad Faisal	2995 E Lantana Lakes Dr	■Add
	i	Jacksonville, FL 32246	□Remove
			□Change
			🗀 Add
			□Remove
			□ Change
			2020 Add : NA F
			Remove
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_____ □Change

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	12/20/2022		
ective date, if other than the date effective date is listed, the date must be spec. If the date inserted in this block dument's effective date on the Departi	ecific and cannot be prior to date of filing copes not meet the applicable statutory f	(optional) or more than 90 days after filing.) Purs iling requirements, this date will i	uant to 605.02 not be listed
cord specifies a delayed effective date filed.	, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90t.	h day after th
ed December 28	. 2020		
1241115			
Signa	ure of a member or authorized representa	tive of a member	

Filing Fee: \$25.00