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COVER LETTER

Division of Col	rporations		
QC 301, L SUBJECT:	LC		
OBJEC1:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carrie Christino		
		Name of Person	
	Soho Capital, LLC		
		Firm/Company	
	701 S Howard Ave Ste 10	6-322	
		Address	
	Tampa, FL 33606		
	Carrie@soho-capital.com	City/State and Zip Code	
	-	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	ali:	
Carrie Christino		813 557-4901 at ()	
Name of Person		Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QC 301, LLC		
(Name of the Lin	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records,) any)
The Articles of Organization for this Limited	Liability Company were filed o	on 10/13/2009 and assigned
Florida document number L09000098610	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compa	oy bere:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
	**************************************	20 9 TI
Enter new mailing address, if applicable:	,	972 6
(Mailing address MAY BE A POST OFFICE	(BOX)	no p
		20 C C C C C C C C C C C C C C C C C C C
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office addres: office address here:	s on our records, enter the name of the nev
Togestores agent name of the new registeres (mice address dere.	
Name of New Registered Agent:	David Koche	
New Registered Office Address:	601 Bayshore Blvd Ste 700	
	Enter	Florida street address
	Tampa	Florida 33606
	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 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>	Name	Address	Type of Action
AGENT	Charles Harper	100 N TAMPA ST Ste 2700 Tampa, FL 33602	
			■ Remove
AREP	Charles Harper	100 N TAMPA ST Ste 2700 Tampa, Fl. 33602	□ Change □ Add
			Remove
			Change
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n effective da te: If the d	e, if other thate is listed, the date inserted in fective date of	date must be spen this block do	ecific and can ses not meet	t the applica	o date of filing ble statutory	or more than filing requir	(option 90 days after fi ements, this o	ling.) Pursuant i	o 605.020 e listed as
record sp The 90th	pecifies a de day after th	elayed effe ne record is	ctive date ifiled.	e, but not	an effecti	ve time, a	t 12:01 a.	m. on the e	earlier o
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