LIL 0000060167

(Requestor's Name)
(Address)
(A.L)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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05/08/22--01018--020 **25.00

CHARLON OF CORPORATION

T. MATTHEWS JUN 28 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DyS Product	SLLC
Name of Limited	Liability Company
	. a. av
The enclosed Articles of Amendment and fee(s) are submit	-
Please return all correspondence concerning this matter to t	he following:
Juan Fran	Name of Person
Hoover	Pirm/Company
4005 5	Accelss Ro
Englewoo	City/State and Zip Code
	e used for future annual report notification
For further information concerning this matter, please call:	
Juon F. Contarelle Name of Person	at (941) 473-7464 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

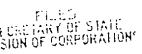
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION FILED STATE OF ORFORATIONS OF CORPORATIONS



Qy 5 Products LLC 22 MAY -6 PM 2:37
(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 $3/24/2016$ and assigned Florida document number 1600060167 .
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 "L.L.C."
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 regist agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida
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

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>	<u>Name</u>		Address	Type of Action
AMBR	Monten de (Croppo	Turuman 2326	_ 🗖 Add
			Dlibs, Buenos aires 1636 AR	_ ⊠ Remove
				_ □Change
Ambr	Juan Francis	sco Contari	elli 4005 S ARCUSS Ra	
			Englewood, FL 34224	_ 🗆 Remove
				Change
				_ □Add
				Remove
				_ □Change
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				_ □Change
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				_ □Remove
				□ Change

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If an ei <u>Note:</u>	ive date, if other than the date of filing:
e reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	4/28/2022
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00