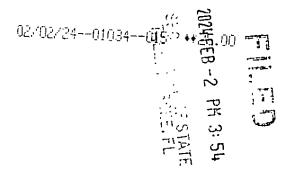
## L16000077263

| (R                      | equestor's Name)    |           |
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|                         |                     |           |
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| PICK-UP                 | WAIT                | MAIL      |
|                         |                     |           |
| (Bi                     | usiness Entity Nan  | ne)       |
|                         |                     |           |
| (De                     | ocument Number)     |           |
|                         |                     |           |
| Certified Copies        | Certificates        | of Status |
|                         |                     |           |
| Special Instructions to | Eiling Officer      |           |
| Special matractions to  | rimig Officer.      |           |
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## COVER LETTER

| ction<br>porations                            | •  | •  |  |  |
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| C - ADD AV                                    | MORIZOMENBE  | EP:  |  |  |
| Name of Lim                                   |  |  |  |  |
| 15.75   |  |  |  |  |
|   | -  |  |  |  |
| idence concerning this matter                 | to the following:  |  |  |  |
| James Bartley                                 |  |  |  |  |
|   | Name of Person   |  |  |  |
| Turqwat LLC                                   |  |  |  |  |
|   | Firm/Company   |  |  |  |
| 3890 Poinciana Av.                            |  |  |  |  |
|   | Address  | 20   |  |  |
| Miami, FL 33133                               |  | 2024 FEB -2  |  |  |
|   | City/State and Zip Code  | 3-2  |  |  |
| - · ·   | to be used for future annual report notifi   |  |  |  |
|   | ·  | cation) F STATE  |  |  |
|   | 305 490 9806<br>at ()  | ਂ ਜੀ <i>ਦ</i>  |  |  |
| Person  | Area Code Daytime  | Telephone Number   |  |  |
| e following amount:                           |  |  |  |  |
| ☐ \$30.00 Filing Fee & Certificate of Status  | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | <ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>          |  |  |
| <u>:</u><br>ection                            | Street Address:<br>Registration Sec  | tion   |  |  |
| Registration Section Division of Corporations |  | orations   |  |  |
| 7<br>1 20214                                  |  | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810   |  |  |
|   | Name of Lim  Name of Lim  Name of Lim  Amendment and fee(s) are subsidence concerning this matter  James Bartley  Turqwat LLC  3890 Poinciana Av.  Miami, FL 33133  sbartley@agatewaysc.com     E-mail address: (oncerning this matter, please concerning this matter, please concerning this matter, please concerning this matter. | Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:    James Bartley |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIDA O ... 11-T 110

| (Name of the Limited Liability (A Florida  | y Company as it n<br>Limited Liability ( | iow appears on o<br>Company) | ur records.)           |                                  |             |
|--|--|------------------------------|------------------------|----------------------------------|-------------|
| The Articles of Organization for this Limited Liability Co<br>Florida document number 1.16000077263        |  |                              |                        | and assi                         | igned       |
| This amendment is submitted to amend the following:  |  |                              |                        |                                  |             |
| A. If amending name, enter the new name of the limit   | ted liability con                        | npany here:                  | NA                     |                                  |             |
| The new name must be distinguishable and contain the words "Limit  | ted Liability Comp                       | any," the designa            | tion "LLC" or the      | abbreviation "L.l                | C."         |
| Enter new principal offices address, if applicable:  |  |                              |                        |                                  |             |
| (Principal office address MUST BE A STREET ADDRE   | <u>ESS)</u>                              |                              |                        |                                  |             |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                      |  |                              |                        | 2024 FEB - 2 PH<br>SEMIT AN 1888 | 177         |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address                           |                              | s, <u>enter the na</u> | inte of the new                  | registered  |
| Name of New Registered Agent:  | ·<br>                                    |                              |                        |                                  |             |
| New Registered Office Address:   |  | Enter Florida str            | eet address            | <u> </u>                         |             |
|  | City                                     |                              | Florida _              | Zip Code                         |             |
| New Registered Agent's Signature, if changing Registered   | Agent: NA                                |                              |                        |                                  |             |
| I hereby accept the appointment as registered agent a  |  |                              | city. I further o      | igree to comp                    | ly 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> | <u>Name</u>    | Address                            | Type of Action |
|--------------|----------------|------------------------------------|----------------|
| AMBR         | Rodrigo Burgos | 13301 SW 79th Av., Miami, FL 33156 | <b>=</b> Add   |
|              |                |                                    | □Remove        |
|              |                |                                    | □ Change       |
|              |                |                                    | □Add           |
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Typed or printed name of signee