

L17000060649

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

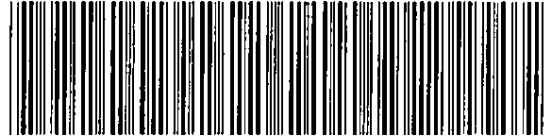
(Business Entity Name)

(Document Number)

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06/09/23--01006--005 \*\*25.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RSQ TECHNOLOGIES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person  
RSQ TECHNOLOGIES LLC  
Firm/Company  
1013 OHIO AVE  
Address  
PALM HARBOR, FL 34683  
City/State and Zip Code  
PATAX95@PALMHARBORACCOUNTING.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANETA GAWLE 727 7731040  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RSQ TECHNOLOGIES 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 03/17/2017 and assigned  
Florida document number L17000060649.

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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	THERESE R. TRENHAILE SPOUSAL TRUST	1611 HIDDEN CREEK LANE	<input checked="" type="checkbox"/> Add
		BELVIDERE, IL 61008	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RSQ HOLDINGS LLC	N28 W30628 RED FOX COURT	<input checked="" type="checkbox"/> Add
		PEWAUKEE, WI 53072	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DR. IVAN WONG MEDICINE PROFESSIONAL CORPORATION	5955 VETERANS MEMORIAL LANE	<input checked="" type="checkbox"/> Add
		HALIFAX, NS B3H 2E1, CANADA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUBIATOWSKI, BARTLOMIEJ I	UL. B. KRZYWOUSTEGO 7/5	<input type="checkbox"/> Add
		POZNAN, 61-144, POLAND	<input checked="" type="checkbox"/> Remove
		POZNAN, 61-144, POLAND	<input type="checkbox"/> Change
AMBR	GOSCINIAK, JAKUB	UL. B. KRZYWOUSTEGO 7/5	<input type="checkbox"/> Add
		POZNAN, 61-144, POLAND	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KUDELA, GABRIEL M	UL. B. KRZYWOUSTEGO 7/5	<input type="checkbox"/> Add
		POZNAN, 61-144, POLAND	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DUDZINSKI, WITOLD	UL. B. KRZYWOUSTEGO 7/5	<input type="checkbox"/> Add
		POZNAN, 61-144, POLAND	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUBIATOWSKI, PRZEMYSŁAW	UL. B. KRZYWOUSTEGO 7/5	<input type="checkbox"/> Add
		POZNAN, 61-144, POLAND	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PIONTEK, TOMASZ	UL. B. KRZYWOUSTEGO 7/5	<input type="checkbox"/> Add
		POZNAN, 61-144, POLAND	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TRENHAILE, SCOTT	324 ROXBURRY RD	<input type="checkbox"/> Add
		ROCKFORD, IL 61107	<input checked="" type="checkbox"/> Remove
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

2023

ANETA GAWLE ON BEHALF OF RSQ TECHNOLOGIES SP.Z O.O.

Typed or printed name of signee

**Filing Fee: \$25.00**