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COVER LETTER

Tallahassee, FL 32314

	tion Section of Corporations					
FEA	R THE BEARD WEST TAMPA	LLC				
SUBJECT:	Name of	Limited Liability Company	T-12			
The enclosed Artic	cles of Amendment and fee(s) are	e submitted for filing.				
Please return all co	orrespondence concerning this ma	atter to the following:				
	RYAN SALDANHA					
		Name of Person				
		Firm/Company				
	207 N HIMES AVE					
	Address					
	TAMPA/ FL 33609	TAMPA/ FL 33609				
	RYANSAL@HOTMA	City/State and Zip Code				
	E-mail addre	ess: (to be used for future annual report no	otification)			
For further inform	ation concerning this matter, plea	se call:				
RYAN SALDAN	НА	727 599-1527 at ()				
ı	Name of Person		me Telephone Number			
Enclosed is a chec	k for the following amount:					
☐ \$25.00 Filing	Fee ■ \$30.00 Filing Fee & Certificate of Statu		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing /</u> Registes	Address: ation Section	Street Address:	Castion			
_	n of Corporations	Registration S Division of Co				
P.O. Bo	•	The Centre of				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

FEAR THE BEARD WEST TAMPAILLE

	ТО	
ARTICLE	ES OF ORGANIZATION OF	
	OI .	
FEAR THE BEARD WEST TAMPA LLC	,	
	ility Company as it now appears on our records. ida Limited Liability Company)	
(Ā Flor	ida Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on 07/17/2018	and assigned
lorida document number L18000172176		and assigned
Torida document number	·	
This amendment is submitted to amend the following:		
A. If amonding name and the		
A. If amending name, enter the new name of the li	mited liability company here:	
SELL QUICK TAMPA LLC		
he new name must be distinguishable and contain the words "L	imited 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 ADI	DECC	
Trincipal Office dadress MOST BE A STREET ADE	/KC33/	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register	ed office address on our records, enter th	ne name of the new registered
gent and/or the new registered office address here	:	ie name of the new registered
Name of New Registered Agent:		
	-	
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
	, Flori	ida
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
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		-	□Change
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			□ Remove
			□Change

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Marshi-		
Kurrella-	ited	February 10# 2024.
Signature of a member or authorized representative of a member		· // // // // // // // // // // // // //
		Kar Salla-

Filing Fee: \$25.00

COVER LETTER

TO:	Registration Se Division of Cor	ection porations		
SUID 16	FEAR THE	BEARD WEST TAMPA LL	C	
SUBJE	<u> </u>	Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please i	return all correspo	indence concerning this matter	to the following:	
		RYAN SALDANHA		
			Name of Person	
			Firm/Company	
		207 N HIMES AVE		
			Address	
		TAMPA/ FL 33609		
		RYANSAL@HOTMAIL.C	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furt	her information co	oncerning this matter, please c	all:	
RYAN	SALDANHA		727 599-1527 at ()	
	Name of	Person		ne Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$ 25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Tallahanna FL 22214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

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



ARTICLES OF A	AMENDMENT	رد
Te	0	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ARTICLES OF O	PRGANIZATION	, , ,
O	F '	
FEAR THE BEARD WEST TAMPA LLC		,
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/17/2018	and assigned
Florida document number L18000172176		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
SELL QUICK TAMPA LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	r 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 a	iddress on our records, enter the	a nama of the new registe
agent and/or the new registered office address here:	address on our records, enter an	e name of the new registe
Name of New Registered Agent:		
Name of the winegistered Agent.		
New Registered Office Address:		
	Enter Florido etreat addreses	

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.

City

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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□ Remove
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		·	□Remove
			□Change
			□ Add
			□Remove
			□Change

Note:	tive date, if other than the date of filing: (optional) frective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord 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 filed.
Dated	February 10# . 2024.
	Land Sold
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00