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(Re	questor's Name)	
(Ad	ldress)	
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Amend Rame

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COVER LETTER

TO: Registration Sec Division of Corp			
KTQ Whole	sale LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	William A. Gildersleeve		
		Name of Person	
	KTQ Wholesale LLC		
		Firm/Company	
	433 Westwood rd. Apt. A		
		Address	
	West Palm Beach, Fl 3340	01	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	all:	
William A. Gildersleeve		561 429-8948	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	c 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 enclused)

MAILING ADDRESS:

TO:

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



KTQ Wholesale 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 Compa	nny were filed on	and assigned
Florida document number L18000225873		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
KTQ Companies LLC		
The new name must be distinguishable and contain the words "Limited Li	ability 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)	<u> </u>	
Enter new mailing address, if applicable:	- , 	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
D. If any disc the maintain decree and/or maintain		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street a	ddress
		, Florida
	City	Zip Code
New Devictored Agent's Signature if changing Devictored Age	.mt+	

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>	Type of Action
MGR	Nicole A. Wood-Holland	433 Westwood Rd. Apt. A. West Palm Beach, Fl 33401	Add
			Remove
			☐ Change
			Remove
			Change
		 	
			Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			Remove
			Change
	·		Add
			Remove
			Change

	
(If an c	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	November 18th 2018
	Julle This

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00