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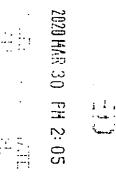
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## **COVER LETTER**

TO: Registration Se Division of Cor		e de la companya de l					
	QUESTBIO LLC, a FI	orida limited liability company					
SUBJECT:	Name of Lin	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
		BIBIANA SUAREZ					
		Name of Person					
	WEIS	BBURD, EISEN & POSSENTI, P.	A.				
	<del>-</del>	Firm/Company					
	2751 E	xecutive Park Drive. Suite 104					
		Address					
	V	Veston, Florida 33331					
		City/State and Zip Code	<del></del>				
		oianas@weisburd-eisen.com					
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report no all:	ufication)				
	na Suarez	954 473-050	0				
Name of Person		at () Area Code Daytii	me Telephone Number				
Enclosed is a check for t	he 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 enclosed)				
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration S	ection				
Division of C	Corporations	Division of Corporations					
P.O. Box 632		The Centre of					
Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LC, a Florida limited liability company	
( <u>Name of the Limited</u> (Å	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document numberL18000292929		and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	2020 HAR
The new name must be distinguishable and contain the word	ds "Limited Liability Company." the designation "LLC" or the	abbreviation ER.L.C."
Enter new principal offices address, if applicab	le:	70 .11
(Principal office address MUST BE A STREET)	ADDRESS)	2 05
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
agent and/or the new registered office address ]	istered office address on our records, <u>enter the na</u> here:	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zin 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 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
Manager	SANDIP I, PATEL	4221 W BOY GROAT BLVD	<b>=</b> Add
		Same 300	□Remove
		TAMPA FL 33607	□Change
AR	SANDIP PATEL	1101 N. WARD 3T	□ Add
		SUITE 2.00	<b>=</b> Remove
		TAMPA FL 33607	□Change
			🗆 Add
			☐ Remove
<del></del>			
			5.
			□ Change
		<u> </u>	□Add
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e record ord is file		red effective date,	but not an	effective tir	ne, at 12:01 a	i.m. on the ea	rlier of: (b	) The 90	th day a	fter the
Dated _	March	20	· · .	2020	_ ·					
		Signati	<u> 14</u>	JAXI	ized represent	ative of a men	aber			
		orgilati.								

Filing Fee: \$25.00