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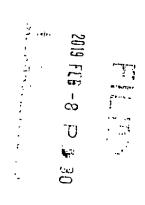
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

TO:	Registration So Division of Cor			
CHRII	Q2 Strategi	e Consultant		
SUBJI	<u> </u>		nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Vanessa Rivera-Nadal		following: Name of Person Firm/Company Address /State and Zip Code sed for future annual report notification) 361 969-8059 at (
			Name of Person	
		2227 G (1.100	Firm/Company	
		2236 Country Golf Dr.		
		Wellington, FL 33414	Address	
Please retur		vanessa.nadal@q2sc.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please co	all:	
Vaness	a Rivera-Nadal			
	Name o.	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Q2 Strategie Consultant LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

ZUIT FEE -8 P 20 The Articles of Organization for this Limited Liability Company were filed on 01/07/2019 and assigned Florida document number NEW This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Q2 Strategic Consultants LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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 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	Nadal, Rivera-Nadal	2236 Country Golf Dr. Wellington, FL 33414	Add
			□ Remove
		Vanessa Rivera Santiago	€ Change
			Add
			☐ Remove
			□ Change
			
			☐ Remove
			☐ Change
			Remove
			☐ Change
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		2/4/2019				
ffective date, if other than an effective date is listed, the date of the listed in the ocument's effective date on the comment's effective date.	e must be specific a ils block does no	and cannot be prior it meet the applic	able statutory fil	r more than 90 d ling requireme	_ (optional) ays after filing.) ents, this date	Pursuant to 605.03 will not be listed
e record specifies a dela The 90th day after the	ayed effective record is file	e date, but no d.	ot an effective	e time, at 1	2:01 a.m. d	on the earlier
ated 2/4		2019	_			
			_			
	Signature of	a member or auth	orized representati	ve of a member		

Page 3 of 3

Filing Fee: \$25.00