## 1190000 14178

(Requestor's Name)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
414 (41 #17 417)	e Consultants LLC	·	0
SUBJECT:	Name of Lin	ited Liability Company	20 th 3. 49
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	Ec
	Vanessa Nadal		
		Name of Person	
	Q2 Strategic Consultants I	LC	
	<del></del>	Firm/Company	
	2417 Country Golf Dr		
		Address	
	Wellington, FL 33414		
		City/State and Zip Code	
	vanessa.nadal@q2sc.com	to be used for future annual report noti	Footion)
For further information of	concerning this matter, please of	-	reation
Vanessa Nadal		561 969-8059	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	S30.00 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 Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	fallahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

20 M/S 3 1/S Q2 Strategic Consultants 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 01/07/2019 Florida document number \_\_\_\_\_19000014178 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 "L.L.C." or the abbreviation "L.L.C." 2417 Country Golf Dr Enter new principal offices address, if applicable: Wellington, FL 33414 (Principal office address MUST BE A STREET ADDRESS) 2417 Country Golf Dr Enter new mailing address, if applicable: Wellington, FL 33414 (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

, Florida

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
MGR	Vanessa Nadal	2417 Country Golf Dr. Wellington, FL 33414	□Add
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etive date, if other than the date of filing effective date is listed, the date must be specific and if the date inserted in this block does not mument's effective date on the Department of St	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 eet the applicable statutory filing requirements, this date will not be listed
ord specifies a delayed effective date, but not a filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d May 13	2020
$\gamma / n$	nember or authorized representative of a member
Signature of a m	number or authorized representative of a member

Filing Fee: \$25.00