Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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TO:

Division of Corporations

Fax Number : (850) 61 / 6333

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500 Fax Number : (702)900 2290

**Enter the email address for this pusiness entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: documents@incorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QYU HOLDINGS LIMITED LLC

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To: 8506176383

Page: 2/5

Date: 10/4/2021 4:44:49 PM

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Qyu Hol			
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub- indence concerning this matter		
	Kathy Shin		
	······	Name of Person	
	InCorp Services, Inc	Firm/Company	
	3773 Howard Hughe	es Pkwv. Suite 500S	
	or rortal or lagric	Address	
	Las Vegas, NV 8916	69-6014	
		City/State and Zip Code	
	documents@incorp.c	Om to be used for future annual re	coort notification)
For further information c	oncerning this matter, please ea		
Kathy Shin for InC	orp Services, Inc.	at (=800 -) Area Code	246-2677 Daytime Telephone Number
Enclosed is a check for the	he following amount:		
✓ \$25.00 Filing Fee	(Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Addres	<u>.s.:</u>	Street Ad	dress:

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

From: GFI FaxMaker To: 8506176383 Page, 3/5 Date: 10/4/2021 4:44:49 PM ARTICLES OF AMENDMENT **H21000371460 3** ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Qyu Holdings Limited LLC			ريّ د
(Name of the Limited Liability Com (A Florida Lumica	pany avit now appear	x on our records.)	- 18 A
(Tribida Elline)	a Elacinity Company		8 第
The Articles of Organization for this Limited Liability Compar	ry were filed on <u>04</u>	1/05/2019	and assigned Conference of the
Florida document number L19000095137			ري الله الله الله الله الله الله الله الل
Florida document nameer			王 影
This amendment is submitted to amend the following:			A 10: 1
A. If amending name, enter the new name of the limited lia	ibility company he	re:	1 "
The new name must be distinguishable and comain the words "Limited Lia	bility Company," the d	esignation "LLC" or the abt	previation "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)	-		
Graning dancesy SIAT BL AT OST OFFICE BOAT			
B. If amending the registered agent and/or registered office	e address on our r	ecords, enter the name	e of the new registers
agent and/or the new registered office address here:	- 11111 614 1111 1121 11	cerr us, civer vice inter-	- Williams Toggistate
Name of New Registered Agent:			
Mile of New Registored Agent.			
New Registered Office Address:	r . r	ida street address	
	r.mer v tor	taa xifeet aaarexx	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>.t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of s provided for in C	my duties, and I am fo Rapter 605, F.S. Or, i	amiliar with and if this document is
If Ch	ranging Registered Ag	ent, Signature of New Reg	istered Agent

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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

Title	Name	Address	Type of Action
AMBR	Darren Anthony Robinson	1800 Collins Ave, Apt 15E	
		Miami Beach, FL 33139	∏Remove
			MiChange
AMBR	Andrew Anderson	1800 Collins Ave, Apt 15E	₹Add
		Miami Beach, FL 33139	∐Remove
			ШChange
Treasurer	Andrew Anderson	1800 Collins Ave, Apt 15E	∐Add
		Miami Beach, FL 33139	Memove
			UChange
			Ll Add
			⊟Remove
			UChange
			⊔Remove
			UChange
		 	
			TRemove

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Date: 10/4/2021 4:44:49 PM

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		<u> </u>	ATION A
(If an effecti - <u>Note:</u> If	date, if other than the date of filing: (optional) se date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put the date inserted in this block does not meet the applicable statutory filing requirements, this date with s effective date on the Department of State's records.	rsuant to 605.02 I not be listed	207 r. Ens th
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	Oth day after th	ħe
ord is filed			
ord is filed Dated	September 28 , 2021		
	September 28 2021 Varrin Kebinson		

Filing Fee: \$25.00