## 119000 102862





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R. WHITE DEC 0 1 2019

## **COVER LETTER**

TO: Registration Division of	n Section Corporations							
	DIDEPOT LLC							
SUBJECT:Name of Limited Liability Company								
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.						
Please return all corre	espondence concerning this matter	to the following:						
	HongLan Tran							
		Name of Person						
	PQT-921DEPOT LLC							
		Firm/Company						
	5627 ATLANTIC BLVD Ste 4							
		Address						
	Jacksonville FL 32207							
	mtran@itechpersonnel.com	City/State and Zip Code						
	E-mail address: (	to be used for future annual report notif	ication)					
For further information	on concerning this matter, please co	all:						
Marco Tran		904 504-6356 at ()						
Nar	ne of Person	Area Code Daytime	Telephone Number					
	or the following amount:		<b>5</b> 640 00 EU.   5					
■ \$25.00 Filing Fed	e □ \$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					

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

PQT-921DEPOT LLC

201517 1-4 FMH: 28

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	0.411.5/201	
The Articles of Organization for this Limited Liability Compar	y were filed on 04/13/201	and assigned
Florida document number L19000102862		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
D.A		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered		records, enter the name of the nev
registered agent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
Think of New Registered 7. gent.		<del></del>
New Registered Office Address:	Enter Florida stre	et address
		, Florida
<del></del>	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Marco Tran	5627 ATLANTIC BLVD Ste 4 Jax., FL 32207	
			□ D
			☐ Change
MGR	Marco Tran	5627 ATLANTIC BLVD Ste 4 Jax., FL 32207	■ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
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2. Effective date, if other than th	e date of filing:	sidety of tiling or more than 90 c	_ (optional)
Note: If the date inserted in this a document's effective date on the	block does not meet the applicat	ole statutory filing requirement	ents, this date will not be listed as
f the record specifies a delaye b) The 90th day after the re	ed effective date, but not cord is filed.	an effective time, at 1	2:01 a.m. on the earlier of
November 1 Dated	2019		
	Wer		
	Signature of a member or author	ized representative of a membe	г

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Typed or printed name of signee

Filing Fee: \$25.00