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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SQRL LLC SUBJECT:			
30B3EC1.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	SNIZHANA GRIMALDI		
		Name of Person	
	SQRL LLC		
		Firm/Company	
	801 BRICKELL KEY BLV	VD # 2708	
		Address	
	MIAMI. FLORIDA 33131		
		City/State and Zip Code	
	snigrimaldi@gmail.com		
	E-mail address: (	to be used for future annual report notif	lication)
For further information c	oncerning this matter, please co	all:	
MARIANA IRASTORZ	A	305 595-7783 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Torporations 17	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SQRL LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our I Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Companion for this Liability Companio	y were filed on FLORIDA	4/27/2019 and ass	igned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	on "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:		21	
Principal office address MUST BE A STREET ADDRESS)		120 dC1	
		CT	
		20	
Totan many marilian and describe the		2	
Enter new mailing address, if applicable:			- >
Mailing address MAY BE A POST OFFICE BOX)			
	<u></u>		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records	, <u>enter the name of the nev</u>	v registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	et address	
	<u> </u>	Florida	
	City	Zip 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 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	LUCIO GRIMALDI	801 BRICKELL KEY BLVD # 2708	<b>■</b> Add
		MIAMI FLORIDA 33131	□Remove
			□Change
			□Add
	<del></del>	□Remove	
		□Change	
		□Add	
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