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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Division of C			
	Services, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corres	pondence concerning this matter t	to the following:	
	Donald M. Kiceina		
		Name of Person	
	QED PM Services, LLC		
		Firm/Company	
	1216 East Lake Dr.		
		Address	
	Tarpon Springs, FL 34688		
	DonKiceinaSr823@gmail.co	City/State and Zip Code	
	E-mail address: ()	o be used for future annual report notifi	eation)
For further informatio	n concerning this matter, please ca	all:	
Donald Kiceina		727 222-8226 at ()	
Nam	e of Person	at ()	Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Fiting 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 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



QED PM Services,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 $\underline{\text{May 06, 2019}}$ _____ and assigned Florida document number ____119000122389 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 "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 ___, Florida ___

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.

Cirr

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>	Address	Type of Action
MGR	John L. Fowler, V	1216 East Lake Dr. Tarpon Springs, FL 34688	Add
			Change
			□ Remove
			☐ Change
			☐ Remove
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reffecti <u>te:</u> If t	date, if other than the date ve date is listed, the date must be sp he date inserted in this block do 's effective date on the Departu	ecific and cannot be proces not meet the app	licable statutory filin	(optional) ore than 90 days after filing g requirements, this date	.) Pursuant to 605,02
	d specifies a delayed effe oth day after the record is		not an effective t	ime, at 12:01 a.m.	on the earlier
ed	September 17	2019			
	Donald	m. Kin	leuce thorized representative		

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Typed or printed name of signee

Filing Fee: \$25.00