L19000131491

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	ne)
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A. BUTLER
JAN - 8 2022

COVER LETTER

Division of Cor	porations '		7
QML ĻLC Subject:		•	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSEPH M McCORMAC	K	
		Name of Person	•
	QML LLC		
		Firm/Company	
	1202 SEAGATE DR APT	302	
		Address	
	PALM HARBOR, FL 346	85-2483	
	mecormaek,joseph7tq gmail	City/State and Zip Code Leom	
	E-mail address: (to be used for future annual report notifi	ication)
or further information c	oncerning this matter, please c	all:	
necormack.joseph7(a gn	nail.com	727 967-2152	
Name o	t Person	at ()	l'elephone Number
inclosed 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 radditional copy is enclosed

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 070 20 6.50 OMI, LEC (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 $\frac{05/15/2019}{}$ and assigned Florida document number L19000131491 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 "L.L.C." 1202 SEAGATE DR APT 302 Enter new principal offices address, if applicable: PALM HARBOR, FL 34685-2483 (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

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

_. 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	JOSEPH M. McCORMACK	1202 SEAGATE DR APT 302	□Add
		PALM HARBOR, FL 34685-2483	
			■Change
			\ \prop \Add
			□ Remove
			□ Change
			□ Remove
			Change
			□Add
			□Remove
			□Change
		∐Add	
			URemove
			□Add
			□Remove
			Tark.

	2.) CHANGING BUSINESS PHYSICAL LOCATION WITH MAILING ADDRESS TO REMAIN THE SAME.
	
	12 07/2021
L Effec	tive date, if other than the date of filing:
Note:	The date is listed, the date must be specific and cannot be prior to date of fining or more than 90 days after fitting.) Pursuant to 605.0207 (5) [1] The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	
Dated	12/7/2021 Males
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee