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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

SUBJECT: Quali	14 Kortro	Ol Auto Spa I Liability Company	and Mobile [
The enclosed Articles of Ame	ndment and fee(s) are submi	tted for filing.	
Please return all corresponden	ce concerning this matter to	the following:	
_	Queanesi	Name of Person	
-			
<u>9</u>	00 Bates	drive apt 2	6
- -	Tallahasse	EC Florida 3 City/State and Zip Code	230,1
4	Prelians E. E-mail address: (to	be used for future annual report notification	on)
For further information conce	rning this matter, please call	:	
Kenny Show Name of Pers	of e	at (<u>\$50)</u> My D Area Code Daytime Tele	559-1097 ephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	1 \$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 Section

Division of Corporations

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

(Name of the Limited Liab (A Flor	HTO\ bility Companida Limited Lin	Auto v as it now app ability Compar	nears on our	and	Mok	ile	De	tail
The Articles of Organization for this Limited Liability Florida document number 419000711	/ Company v	vere filed on	08-1	19-21)19_a	nd assiş	gned .	٠
This amendment is submitted to amend the following:	:			·				
A. If amending name, enter the new name of the li	mited liabil	ity company	<u>/ here</u> :					
The new name must be distinguishable and contain the words "L	imited Liabilit	y Company," t	he designation	"LLC" or it	ie abbrevia	tion "L.1.	.C."	
ster new principal offices address, if applicable:					<u> </u>	28		_
incipal office address MUST BE A STREET ADD	DRESS)				AFAS	NOV .	T }	-
new mailing address, if applicable: 2 address MAY BE A POST OFFICE BOX)					SEE, FLORIE	9 1 30		
t and/or the new registered office ac	gistered off ddress here	ice address	on our re	ecords, <u>en</u>	ter the	name o	of the 1	<u>1ew</u>
' W Registered Agent: 1 Office Address: 5	aleri 513 () S C.R. [t					
	āllahas	SLE		, Florid:	i <u> </u>	3 C v Code)	-

if changing Registered Agent:

gistered agent and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S. Or, if this document is 're registered office address, I hereby confirm that the limited liability s change.

Changing Registered Agent, Signature of New Registered Agent

for removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Title **Name** <u>Address</u> MGR Juniya Arnold 900 Bates drive apt 26 Add Tallahasspe, Florida 32321 PREMOVE __ 🗆 Change MAR Kenny Sharpe 926 Yuma road But Toutchasser Florida 32.701 DRemove _ 🗆 Change ☐ Remove _□ Change ☐ Remove ☐ Change □ Add □ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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`an effe <u>√ote:</u> ∃	ce date, if other than the date of filing:	
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	r of:
ated _	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00