

Florida Department of State
Division of Corporations
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L19000247187

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To:
Division of Corporations
Fax Number : (850)617-6383

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Account Name : US CONTADOR INC
Account Number : I2020000121
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
QATIONS SYSTEM LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

M. SOLOMON
NOV 15 2024

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
Q ACTIONS SYSTEM LLC**

(Name of the Limited Liability Company as per Florida records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/01/2019 and assigned Florida document number L19000247187.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4855 W HILLSBORO BLVD STE B3

COCONUT CREEK, FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4855 W HILLSBORO BLVD STE B3

COCONUT CREEK, FL 33073

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:

CONTADOR RA LLC

New Registered Office Address:

4855 W HILLSBORO BLVD STE B3

Enter Florida street address

COCONUT CREEK

Florida 33073

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

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SEC
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OF
COUNTY
OF
DADE
FLORIDA

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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

Title	Name	Address	Type of Action
MGR	MARCHESE, JAVIER P	8323 NW 12th. STREET	☐ Add
		SUITE 102	☒ Remove
		DORAL, FL 33126	☐ Change
MGR	MORGAVI OLIVEIRA, ALFONSSINA	8323 NW 12th. STREET	☐ Add
		SUITE 102	☒ Remove
		DORAL, FL 33126	☐ Change
MGR	ARRIETA, EDUARDO ELIMILIO	8323 NW 12th. STREET	☐ Add
		SUITE 102	☒ Remove
		DORAL, FL 33126	☐ Change
MGR	ARRIETA, EMILIO E	4855 W HILLSBORO BLVD	☒ Add
		STE B3	☐ Remove
		COCONUT CREEK, FL 33073	☐ Change
AMBR	CAROLINA S VAROS	4855 W HILLSBORO BLVD	☒ Add
		STE B3	☐ Remove
		COCONUT CREEK, FL 33073	☐ Change
			☐ Add
			☐ Remove
			☐ Change

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