## L20000004972

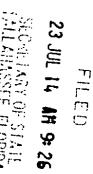
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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

Tallahassee, FL 32314

TO:

NAME CHANGE AND ADDING NEW MANAGERS SUBJECT: \_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person SYNERGY ADVISORY BUREAU Firm/Company 12855 SW 136TH AVE SUITE 224 Address **MIAMI FL 33186** City/State and Zip Code jquintana@synergyadvisorybureau.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joel Quintana Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **\$30.00** Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JQLC HOLDING 001 LLC

company has been notified in writing of this change.

23 MI 14 M 22 28 (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 01/02/2020	and assigned	
Florida document number L20000009972			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
JQLC STRATEGIC GROUP LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LL	C" or the abbreviation "L.L.C."	
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)	<del></del>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address  , Florida  City Zip Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete			

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

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	Quintana Joel A	10985 SW 107 ST APT 202 MIAMI FL 33176	<b>≣</b> Add
			□Remove
			□Change
MGR	Quintana-Salgado Elsy A	10985 SW 107 ST APT 202 MIAMI FL 33176	<b>≡</b> Add
			□Remove
			□Change
M6R	Synersy Atvisory	BUHGUINC	□Add
		12855 SW 136K AVE #	224 Remove
		Mian; FL 33186	□Change
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cord specifies a delayed effects filed.	tive date, but n	not an effective t	ime, at 12:01 a.:	n. on the earlier of: (b	o) The 90th day after the
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Typed or printed name of signee