1100000 21109

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(0) (0) (0)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Decument Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



400342777864

04/01/20--01007--006 **25.00

2028 APR - 1 AM 7: 04

APR 14 2020 S. YOUNG

COVER LETTER

TO:

eud le ca				
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Faith Ginsberg-Bieda		
			Name of Person	
			Address Raton, FL 33498 City/State and Zip Code Islabs@gmail.com E-mail address: (to be used for future annual report notification) his matter, please call: at (
		Name of Limited Lishility Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Faith Ginsberg-Bieda Name of Person Quicken Labs, LLC Firm/Company 19740 Sedgefield Ter Address Boca Raton, FL 33498 City/State and Zip Code quickenlabs@gmail.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (
			ee(s) are submitted for filing. g this matter to the following: rg-Bieda Name of Person s, LLC Firm/Company effeld Ter Address FL 33498 City/State and Zip Code rgmail.com nail address: (to be used for future annual report notification) ter, please call: at (Area Code Daytime Telephone Number nt: g Fee & S55.00 Filing Fee & Certificate of Status & Certificate Opy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
		Boca Raton, FL 33498		
	Boca Raton, FL 33498 City/State and Zip Code quickenlabs@gmail.com			
				FIELDER'S AND THE STATE OF THE
For further	information co		·	meanon)
Faith Gins	sberg-Bieda			
	Name of	f Person		ne Telephone Number
Enclosed is	s a check for th	ne following amount:		
☑ \$25.00) Filing Fee		Certified Copy	Certificate of Status & Certified Copy
R D P	egistration S Division of C .O. Box 632	Section orporations 7	Registration Se Division of Co The Centre of 2415 N. Monro	rporations Fallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020

Quicken Labs, LLC			rds.) FOR T
(Name of the Limi	ted Liability Compan (A Florida Limited Li	y as it now appears on our reco ability Company)	805
The Articles of Organization for this Limited L. Florida document number L20000021209	iability Company v	vere filed on 01/14/2020	and assigned
This amendment is submitted to amend the foll	lowing:		•
A. If amending name, enter the new name o	of the limited liabil	ity company here:	
The new name must be distinguishable and contain the v			.C" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREI			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		ddress on our records, <u>entc</u>	er the name of the new registere
Name of New Registered Agent:	Faith Ginsberg	-Bieda	
New Registered Office Address:	-	Enter Florida street addr	ress
			Florida
	-	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.

16 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change

Transcring any other mioral	tion, enter enauge(o) never	(Attach additional sheets, if necessar)	, , ,
			
		-	
			<u> </u>
			
			
			<u> </u>
Effective date, if other than the (If an effective date is listed, the date im Note: If the date inserted in this bedocument's effective date on the I	ist be specific and cannot be prior to lock does not meet the applicab	(optional) date of filing or more than 90 days after filing le statutory filing requirements, this date	.) Pursuant to 605.0207 (3
he record specifies a delayed effecti ord is filed.	ve date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The	he 90th day after the
Dated March 25	2020	,•	
Fraith Dia	Signature of a member or authoriz	zed representative of a member	
		•	
Faith Ginsberg-Bieda	Typed or printed:		