## L20000027358

(Req	uestor's Name)	
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(City.	/State/Zip/Phon	e #)
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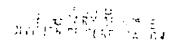


## **COVER LETTER**

TO: Registration So Division of Cor			
Triple Q K	reation\$		
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:	
	Quenessa Thomas		
		Name of Person	
	Triple Q Kreation\$		
		Firm/Company	
	291 NW 177th Street #10	8	
		Address	
	Miami Gardens, Florida 3	3169	
		City/State and Zip Code	
	Qthomas359@gmail.com		
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report no all:	stification)
Quenessa Thomas		786 925-0087	
Name o	of Person		me Telephone Number
Enclosed is a check for the	he 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 (additional copy is enclosed)
Mailing Address		Street Address:	action
Registration : Division of C		Registration S Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TRIPLE Q KREATION\$, LLC

2020 MAY -8 PM 5: 12

(Name of the Limited Liability Co	ited Liability Company)	<u>5ras.)</u>
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000027358</u>	pany were filed on 01/21/2020	and assigned
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 I	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	ALTO REPORT	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	Cily	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 ansending 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	Quenessa Thomas	291 Nw 177th Street #108	■Add
		Miami Gardens, Florida 33169	□Remove
			□ Change
AMBR	Quenessa Thomas	291 NW 177th street #108	■Add
		Miami Gardens. Florida 33169	□Remove
		<del> </del>	□Change
			□Add
			🗆 Remove
			□Change
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	03/20/2020		
Effective date, if other than the	date of filing:	date of filing or more than 90 d	_ (optional)
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