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O SIMMONS MAY 26 2051

COVER LETTER

	Registration Se Division of Co			
SUBJEC	Saha & Du	nn LLC		
3000120		Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Timothy Kyle Dunn		
			Name of Person	
		Saha & Dunn LLC		
			Firm/Company	
		518 N Calhoun St		
			Address	
		Tallahassee, FL 32301		
		City/State and Zip Code		
		qbpal@qbpal.com	to be used for future annual report noti	fication
For furth	er information c	concerning this matter, please co	·	ncauon)
Timothy	Kyle Dunn		850 933-6636 at ()	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$25.0	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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Saha & Dunn LLC

2022 MAR 18 Art 6: 15

	Liability Company as it now appears on our re VFlorida Limited Liability Company)	cords.)
(A	Victorida Limited Liability Company)	, , , ; , ,
The Articles of Organization for this Limited Liab	bility Company were filed on 04/07/2020	and assigned
Florida document number L20000098752		
This amendment is submitted to amend the follow	ving;	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
qbPal LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRECO	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	OX)	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ter the name of the new register
		ter the name of the new register
gent and/or the new registered office address		ter the name of the new register
Name of New Registered Agent:		
Name of New Registered Agent:	here: Enter Florida street ad	ldress Florida
Name of New Registered Agent: New Registered Address:	here: Enter Florida street ad City	ldress
Name of New Registered Agent:	here: Enter Florida street ad City	ldress . Florida

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address 2022 FIFR 18 AM 6: 15	Type of Action
		10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	□Add
			□Reinove
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			☐ Change

		···
		
		
		
fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be one: If the date inserted in this block does not meet the acument's effective date on the Department of State's recomment's	olicable statutory filing requirements, this date	A Pursuant to 605 0201
ecord specifies a delayed effective date, but not an effectis filed.	e time, at 12:01 a.m. on the earlier of: (b) Th	ne 90th day after the
ted March 15 2021	·	
Timothy Kyo Tignature of a member of	athorized representative of a member	
Timothy Kyle Dunn	·	

Filing Fee: \$25.00