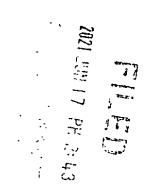
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## **COVER LETTER**

TO: Registration Se Division of Cor	porations		- :				
SUBJECT: QU	CCHUA EN	JTERPRISES	11.0				
SORJECI:	Name of Lim	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	AMANDA	L CAMACHO Name of Person					
		Firm/Company	<b>2021 J</b> U				
	18568	12th Ave					
	ORLANDO	Address  FL 328  City/State and Zip Code	2021 JUN 17 PH 2: 43				
		City/State and Zip Code	<del>,</del> ω				
	E-mail address: (	to be used for future annual report noti	fication)				
For further information c	oncerning this matter, please c	all:					
AMANDA Name o	CAMACHO	at (321) 557-	-3804 c Telephone Number				
Name o	i i cison	Area Code Dayum	e retephone Number				
Enclosed is a check for th	ne following amount:						
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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		Street Address: Registration Sec Division of Cor	porations				
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monro	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on  $\frac{5/1}{20}$ 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

City

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
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			□Remove
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