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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : CAMACHO & ASSOCIATES LLC  
Account Number : 120220000154  
Phone : (323)453-5446  
Fax Number : (407)350-5660

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: JOSEVILLAFLORES@GUS.NET

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
QLORLANDOFL LLC

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TALLAHASSEE, FLORIDA

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### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QLORLANDOFL LLC

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:

JOSE JESUS VILLAFANA

Name of Person

QLORLANDOFL LLC

Firm/Company

3124 MONTSERRAT PLACE

Address

KISSIMMEE, FLORIDA 34743

City/State and Zip Code

JOSEVILLAFANA@QLUS.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE VILLAFANA

407 7058014

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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\$55.00 Filing Fee &  
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\$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

QLORLANDOFLLC

(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 05/11/2020 and assigned Florida document number L20000127107

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

QKI LLC

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:

318 N John Young Pkwy

(Principal office address MUST BE A STREET ADDRESS)

ste 6a

KISSIMMEE, FL 34741

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

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent



