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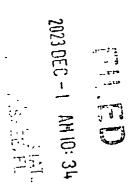
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COVER LETTER

Registration Section Division of Corporations

ro:

4U Qualit	ty Power LLC				
товаест	Name of Lin	nited Liability Company			
he enclosed Articles of	of Amendment and fec(s) are sub	omitted for filing.			
lease return all corres	oondence concerning this matter	to the following:			
	Sagi Yishay				
		Name of Person		-	
	4U Quality Power LLC				
		Firm/Company		-	
	4435 Magnolia Ridge Dr			2023 DEC - 1 AM ID: 34	
		Address	<u>-</u>	JEC DEC	ل لا تعمید .
	Weston, FL 33331			是上	
	·	City/State and Zip Code		SSE E	C
	yishaysagi@gmail.com			E G	
	E-mail address: (to be used for future annual report notifi-	cation)		
or further information	concerning this matter, please c	all:			
agi Yishay		954 740-7316 at ()			
Name	of Person		Telephone Number		
nclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Addra Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations llahassee Street, Suite 8	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4U Quality Power LLC

(A Florida Limited				
he Articles of Organization for this Limited Liability Company	were filed on	and assigned		
lorida document number L20000190835				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	oility company here:			
AGI YISHAY LLC				
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."		
nter new principal offices address, if applicable:	4435 Magnolia Ridge Dr			
Principal office address MUST BE A STREET ADDRESS)	Weston, FL 33331			
		023		
nter new mailing address, if applicable:	4435 Magnolia Ridge Dr	1 1		
Mailing address MAY BE A POST OFFICE BOX)	Weston, FL 33331	S. E TH		
		SSEE 10		
		7 3		
. If amending the registered agent and/or registered office	address on our records, enter th	e name of the new registered		
gent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flori	da		
	City	Zip Code		
ew Registered Agent's Signature, if changing Registered Agent:				
hereby accept the appointment as registered agent and agr rovisions of all statutes relative to the proper and complete except the obligations of my position as registered agent as p ging filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is		
If Char	nging Registered Agent, Signature of N	ew Registered Agent		

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

4GR = Manager

MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
		··· · · <u>-</u>	□Add
			Remove
			Change
-			□Add
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tive date, if other than the da	ite of filing:	(optio	nal)
ffective date is listed, the date must be	specific and cannot be prior to date of does not meet the applicable stati	filing or more than 90 days after f	filing.) Pursuant to 605.02
ment's effective date on the Depa		actly thing requirements, dis	anc will not be listed
ord specifies a delayed effective d filed.	ate, but not an effective time, at 12	:01 a.m. on the earlier of: (b)	The 90th day after the
November 27	2024		
•			
Sugl	mature of a member or authorized rep		