120000211152

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COVER LETTER

	Registration S Division of Co			
SUBJEC	503 Qualit	y Matters LLC		• •
SUBJEC	·	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		Sandy Macaulay		
			Name of Person	
		Macaulay & Associates	LLC	
			Firm/Company	- \
		5321 1st Avenue South		
			Address	:5
		Saint Petersburg, FL 33707	1	, m
			City/State and Zip Code	
		sandy@macaulayaccounti	-	
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	fication)
Sandy M	Macaulay		at () 520-1980	
	Name o	f Person		e Telephone Number
Enclosed is	s a check for th	ne 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)
R D	ailing Addres egistration S ivision of C O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
	allahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

503 Quality Matters LLC		
(Name of the Limited Li-	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on July 20th, 2020	and assigned
Florida document number L20000211152	·	
This amendment is submitted to amend the following	g:	
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 ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		. 2a
(Principal office address MUST BE A STREET AL	ODRESS)	ंड
		(=
		. 3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	25 C
		0.5
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, <u>enter the nam</u> re:	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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 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
MGR	Wipi Inc.	1621 Central Avenue	□Add
		Cheyenne, WY, 82001	■ Remove
			□Change
			□Add
			Remove
			DAdd STOREMOVE
			☐Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			∏ Chura :

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ocument's effective date on the Department of State's records.) Pursuant to 605,020 will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The is filed.	e 90th day after the
ated July 11th 2022	
Michael Bron	
Signature of a member or authorized representative of a member	
Michael Haulsee	

Filing Fee: \$25.00