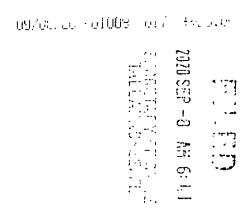
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(Requestor's Name)			
(Address)			
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Division of Corp	orations			
SUBJECT: OCC	. ^	hion		
	Value of Lim	ited Liability Company		
		1. 16. 6V		
	Amendment and fee(s) are sub-			
Please return all correspon	idence concerning this matter	to the following:		
	Ocolondon	Name of Person	CEAN	
	3710 NI	V19777		
	_ Coconus _ Chantal 14	City/State and Zip Code Composit, We not be used for future annual report not	33066	2020 SEP -8
For further information co	E-mail address: (oncerning this matter, please ca		incarony Control of the Control of t	
Glody of Name of	Colon	at (<u>954)</u> <u>63a</u> Area Code Daytin	2-8/18 File	ଫ `**
Enclosed is a check for th	e 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 Fe Certificate of St Certified Copy (additional copy is c	atus &
Mailing Address Registration S Division of C	ection orporations	Street Address: Registration Se Division of Co The Centre of	rporations	
P.O. Box 632	1	The Centre of	i ananassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF

ocalon for forming			
(<u>Name of the Limited Liabil</u> (A H <mark>i</mark> orid	ity Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{7/27/2020}{0}$ and assigned 0 .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered		
	27/5 OCCEAN 37/0 NW 1914 At Enter Florida silvest address 20Concut CUEK, Florida 330/4 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.

f 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:

QuestQuanum 1M

MGR = Manager

AMBR = Authorized Member Glodys occlose 3710 NW 19 That coexcept and **Type of Action** Title Remove Change □Add Remove □Change \square Add □ Change ⊡`Add □Remove _ □Change □Remove _ Change ___ □Add Remove

QuestQuanum™

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	20.20
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior lote: If the date inserted in this block does not meet the application ocument's effective date on the Department of State's records.	able statutory tining requirements, this date will not be instead as
record specifies a delayed effective date, but not an effective tind is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated 7/27/2020,	<u> </u>
Glody OT Cle Signature of a member or author	prized representative of a member
$\mathcal{D}_{\mathcal{N}}$	
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