120000263834

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	Registration Se Division of Cor			
0.10 ID 6	QLQLLLC		-	,
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Jason Zielinski Esq.		
			Name of Person	
		Zielinski & Associates PA		المراجع
			Firm/Company	
		800 E Broward Blvd Suite	702	SEP
			Address	Ecc P
		Fort Lauderdale, FL 33301		PII 2: 1
		jzielinski@zielinski-associa	City/State and Zip Code	デージング 第27 - 20
		•	to be used for future annual report notification	on)
For furth	er information c	oncerning this matter, please c	all:	
Jason Zi	elinski, Esq.		954 954-524-6131	
	Name o	f Person	Area Code Daytime Tele	ephone Number
Enclosed	l is a check for th	he following amount:		
≡ \$25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	itions hassee reet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QI QI LLC		<u> </u>
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our red d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L20000263834</u>	ny were filed on 08/25/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
QLIQ, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		: 1-2
Principal office address WOST BE A STREET ADDRESS		SE SE
		-0 1·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2:
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>er</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	F	
	Enter Florida street a	aaress
		. 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 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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	to of filing.			(optional)	
ective date, if other than the da effective date is listed, the date must be	specific and cannot be	prior to date of	filing or more than 9	days after filing	.) Pursuant to 605.02
te: If the date inserted in this block ument's effective date on the Depa	does not meet the a rtment of State's rec	ipplicable statu rords.	tory filing require	ments, this date	will not be listed
cord specifies a delayed effective da s filed.	ate, but not an effect	tive time, at 12	:01 a.m. on the ea	rlier of: (b) T	he 90th day after th
September 10th	2020				
1000	,	·			
	e are				

Typed or printed name of signee