L2000 35071

| (Red | questor's Name) | <u> </u> |
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| (City | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu: | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to I | Filing Officer: | |
| | J. HORNE | |
| Į . | DEC - 3 2021 | |
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Office Use Only



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SECRETARY OF STATE
VALLAHASSEE, FIGHT

2031]"" 25 E" 11: 23

November 3, 2021

MICHAEL QUINTELA 6864 SW 42ND ST MIAMI, FL 33155 US

SUBJECT: QUINTELAS SOFTWARE DEVELOPMENT CONSULTING, LLC

Ref. Number: L20000350771

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a BENEFIT/SOCIAL PURPOSE CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 221A00026852

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|---|---|--|---------|
| SUBJECT: QUI | ntelas Softwa Name of Lin | 1- Development aited Liability Company | Consulting | 220 |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | Michael Q | untella | | |
| | | Name of Person | | |
| | | Firm/Company | | |
| | 6864 SW | 42 nd st | | |
| | | | | |
| | Miami Fl, | 33155 | | |
| | mike quint | 33155 Gity/State and Zip Code e A D G mail , Lore to be used for fluture annual report notifi | <u> </u> | |
| | | | ication) | |
| Michael C | oncerning this matter, please c wintela | all: at (786) 406 Area Code Daytime | -3701 | |
| Name o | l Person | Area Code Daytime | Telephone Number | _ |
| Enclosed is 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 For Certificate of S Certified Copy (additional copy is | tatus & |
| | | | | |

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

ed Liability Company as it now appears on our rece (A Florida Limited Liability Company) FILED

2021 NOV 23/ PM 11: 26

| The Articles of Organization for this Limited Liability Co | mpany were filed on | and assigned |
|--|---|--|
| Florida document number | | , and the second |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| Platform Brasp LLC | | |
| The new name must be distinguishable and contain the words "Limit | ed Liability Company," the designation "Li | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u> </u> |
| (Principal office address MUST BE A STREET ADDRI | <u></u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | • | |
| (Mailing address MAY BE A POST OFFICE BOX) | *** | · |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, <u>ent</u> o | er the name of the new registered |
| man of the new registered office address nere. | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| - | Enter Florida street addi | ress |
| | | 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 ataending 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 |
|--------------|-------------|---------|----------------|
| | | | □Add |
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| Effective date, if other than the date of filing: (Optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed. Dated What Signature of a member or authorized representative of a member Wichael Quintella The day after the or filing or more than 90 days after filing | | |
|---|----------------|---|
| Effective date, if other than the date of filing: | | |
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| Dated | | fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Signature of a member or authorized representative of a member | Dated | 11/17/2021 |
| 5 signature of a memoer or authorized representative of a memoer | _ | Mark |
| Michael Quintela | | Michael Quintela |

Filing Fee: \$25.00