## L20000352781

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## **COVER LETTER**

QUALIFRO SUBJECT:	OSH LLC
50bJEC1	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
	ADRIANA MARQUEZ
	Name of Person
	ACMM CONSULTING, INC
	Firm/Company
	7791 NW 46 STREET, SUITE 206
	Address
	MIAMI FL 33166
	City/State and Zip Code
	ADRIANA@ACMMCONSULTING.COM
	E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
adriana marquez	786 420-2541
Name o	

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 OF

QUALIFROSH LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/06/2020	and assigned
Florida document number L20000352781		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
QUALIFRESH LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		20 DEC
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· '.'
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Floric	da
<del></del>	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

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	Signature	of a member or auth	orized representati	ve of a member		
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