Mar 04 2000 12:02AM HP F	ax 3054063999	page 1		
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To:	Division of Corporation Fax Number : (850	ons)617-6383		
From:	Account Number : I201 Phone : (305	ACCOUNTING SERVICES C0 80000102)799-7633)564-6857	DRP	
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Corporate Filing Menu

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QUICK SOLUTIONS MIA LLC		
(Name of the Limited Liability Compan (A Florida Limited L	iv as it now appears on par records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L20000371760</u> .	were filed on <u>12/03/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	······	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:			
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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 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>	Name	Address	Type of Action
MGR	JENIFFER VILLEGAS	1818 SW 1ST AVE, APT 802	
		MIAMI, FL 33129	□Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If 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 record is filed.

Dated		11/29	202	3		
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	12/ aaron	el.	Oca	to		
		Signature o	of a membe	T or authorized	representative	of a member

OCANTO, AARON I

Typed or printed name of signee