305 H&Co G ELc 02:41:54 p.m. 12-15-2020 1/4

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

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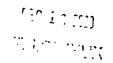
Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC
Account Number : I20150000089
Phone : (305)444-8800
Fax Number : (305)444-4010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUALPROX LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Qualprox LLC				
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)			
The Articles of Organization for this Limited Liability (	Company were filed on 12/07/2020	and as	signed	
Florida document number 1.20000372435	<u>_</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
Qualxpro LLC				
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the a	bbreviation "L	.1C'."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	(RESS)	,45° , 25 <del>°</del> -	20	
		<u></u>		
		7.	(**)	1
		- -	<u>.</u>	
Enter new mailing address, if applicable:		• 7.		<u>ा</u>
(Mailing address MAY BE A POST OFFICE BOX)			7	ξ.
		77	<u> </u>	
		, •	<u>5</u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the nar</u> :	ne of the ne	w register	<u>.eq</u>
Name of New Registered Agent:			<del></del>	
New Registered Office Address:				
	Emer Florida street address			
	Florida			
	Ciw	Zip Code		
New Registered Agent's Signature, if changing Register	red 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.

\_ 🗆 Change

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□Remove
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ective date, if other than the d effective date is listed, the date must be te: If the date inserted in this bloc nament's effective date on the Dep	k does not meet the applie	able statutory tiling requ	n 90 days after filing.) Pursuan irements, this date will not	t to 605.02 he listed
cord specifies a delayed effective s filed.	date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th di	ay after tl
ed	2020	·		
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s	ignature of a member or author	orized representative of a n	ieniber	