2000039426

	(Requestor's Name)	
	(Address)	
<u>. </u>	(Address)	
	(City/State/Zip/Phone #)	
☐ PICK-J	7 MAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer	
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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY		
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	FILING	LLC AMEND	<u> </u>
C	ALABAY CROSSIN	IGS, LLC	SECRE APR
	ORPORATE NAME AND DO		RAY OF THE
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COVER LETTER

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TO: Registration Section		
SUBJECT: Qabu	YUSSINGS, LLC of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are	e submitted for filing	
Please return all correspondence concerning this m		
Philipphilip	Name of Person Patich, Esquire Name of Person Patich, P.A. Firm/Company Cfice Box 2545 Address Address City/State and Zip Code Hichland a general composition composition composition composition.	2021 APR 16 PH 12: 40 SECRETARY OF STATE TALL MIASSEE, FL
For further information concerning this matter, pleas	se call:	
Name of Person	at (407) 629-4433 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF OPCA

	ONGANIZATION PARTY
(Name of the Limited Liability Compa (A Florida Limited	OSSINGS LLC SAN AND AND AND AND AND AND AND AND AND A
The Articles of Organization for this Limited Liability Company Florida document number 1200039426	were filed on 12/17/20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab (a) (a) (b) (c) (c) (c) The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	25 120 11 (
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Post Office Box 2545 Winter Park, FL 32790
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	p Tatich, Esquire
New Registered Office Address:	Miller Arenue, Ste B

iew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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 Type of Action Howard Hirsch _ □Change □ Change _ □Remove ___ 🗆 🗖 Add _ 🗆 Add _ □Remove _ □Add _ □Remove □ Change

. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
7	lease change address for
	to:
<u> </u>	251 Miller Ave., Ste. B Vintor Park, FL 32789
Note: If the da	e, if other than the date of filing: (optional) te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records.
e record specifi rd is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00