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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section

TO:

Division of Corp	orations		
MCQ SALE	5 MCQ	SALES	
SUBJECT:	Name of Limi	ted Liability Company	·
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter (to the following.	
	MARCUS K. McKEOUGI	1	
		Name of Person	
	MCQ SALES		
		Firm/Company	
	3323 FOX LAKE DR.		
		Address	
	TAMPA FL. 33618		
		City/State and Zip Code	
	marcus.mcq@me.con:	to be used for future annual report not	ification)
For further information co	ncerning this matter, please co		
MARCUS McKEOUGH	g (616 292-2210	
Name of	Person	at () Area Code Daytin	ne Telephone Number
		·	·
Enclosed is a check for the	e 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassec, F	ection orporations 7	Street Address: Registration Set Division of Contract The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 DEC 27 AM 7: 31

MCQ SALES			
	Name of the Limited Liability Co	ompañvak it now appears on our records) ited Liability CompanySEE, FL	
	r this Limited Liability Comp	pany were filed on	
This amendment is submitted to	amend the following:		
4. If amending name, enter the	ne new name of the limited	liability company here:	
The new name must be distinguishable	e and contain the words "Limited	Liability Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices ac	ldress, if applicable:		
(Principal office address MUS	T BE A STREET ADDRESS		
Enter new mailing address, if	applicable:		
(Mailing address MAY BE A J	<u>POST OFFICE BOX)</u>		
B. If amending the registered agent and/or the new register	l agent and/or registered of ed office address here:	fice address on our records, <u>enter t</u>	he name of the new registere
Name of New Registe	ered Agent:		
New Registered Office	ee Address:	Emer Florida street address	
			• •

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.

City

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 = Manage: AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	MARCUS MCKEOUGH	3323 FOX LAKE DR.	
		TAMPA FL, 33648	□Remove
			■ Change
MGR	MARCUS MCKEOUGH	3323 FOX LAKE DE	□Add
		TAMPA FL, 33618]Remove
			∃ Change
			□ Add
			□Remove
			☐ ☐ Change
			□Remove

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lote: If	f the date ins	erted in this	ne date of fili nust be specific a block does not Department of	i meet the a	ipplicable sta	of filing or more tutory filing	than 90 days a requirements.	ptional) iter filing.) Pursu this date will n	ant to 605,0207 (of be listed as t
record d is file	specifies a c	lelayed effec	tive date, but n	ot an effect	tive time, at	12:01 a.m. on	the earlier of	: (b) The 90th	day after the
Oated ⊆	02/03/	202.1	1/7			/			
	•	77//	1/ 7	11/4		epresentative o			

Typed or printed name of signee