L21 0000 81651

| (Requestor's Name) | |
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| (Address) | |
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| (City/State/Zip/Phone # | 9 |
| PICK-UP WAIT | MAIL |
| (Business Entity Name |) |
| · | • |
| (Document Number) | |
| Certified Copies Certificates o | f Status |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Corp | | · | |
|---------|--------------------------------------|----------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| | | BRADLEY LLC | • | |
| SUBJE | :СТ: | Name of Limit | ed Liability Company | *** |
| The end | closed Articles of | Amendment and fee(s) are subn | nitted for filing. | |
| Please | return all correspo | ndence concerning this matter t | o the following: | |
| | | Cheyenne Moseley | | |
| | | | Name of Person | |
| | | Legalzoom.com, Inc. | | |
| | | | Firm/Company | |
| | | 101 N Brand Blvd 11th Fl | | |
| | | | Address | |
| | | Glendale, CA 91203 | | |
| | | | City/State and Zip Code | |
| | | lquinn90@icloud.com | | |
| | | E-mail address: (to | be used for future annual report notific | cation) |
| For fur | ther information co | oncerning this matter, please ca | 11: | |
| Cheyer | nne Moseley | | 800 773-0888 at () | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclose | ed is a check for th | ne following amount: | | |
| □ \$25 | 5.00 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 - 4 - A

| QUINTON BRADLEY LLC | 21 MAY 24 PM 3: 17 |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number L21000081651 | were filed on 02/17/2021 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 6421 N Florida Ave Suite D Unit 365 |
| (Principal office address MUST BE A STREET ADDRESS) | Tampa, FL 33604 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 6421 N Florida Ave Suite D Unit 365 |
| | Tampa, FL 33604 |
| | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter 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.

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 = A | uthorized Member | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
|--------------|------------------|----------------------------------------------|---------------------------------------|---------------------------------------|----------------|--|
| <u>Title</u> | <u>Name</u> | Address | 21 HAY 24 | PH 3: 17 | Type of Action | |
| AMBR | LINDSEY QUINN | 6421 N Florida Ave St 365 Tampa, FL 33604 | lite D Unit | | 🗖 Add | |
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| f an effective date is listed, Note: If the date inserte | than the date of filing: the date must be specific and cannot be prior to date of fid in this block does not meet the applicable statute on the Department of State's records. | filing or more than 90 days after filing.) Pursuant to 605.0207 tory filing requirements, this date will not be listed as |
| ne record specifies a The 90th day afte | delayed effective date, but not an effer the record is filed. | ective time, at 12:01 a.m. on the earlier of |
| Dated May | 0 | |
| - , | Tues Zu | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00