## L21000093456

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
appoint members to 1 ming officer.





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## **COVER LETTER**

TO:	Registration Se Division of Cor					
CHBIC		WUOP LLC				
Name of Limited Liability Company						
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		TRAVIS PHILPART				
			Name of Person			
		QUICK GWUOP LLC				
Firm/Company						
		223 NE 11TH AVE				
			Address			
		BOYNTON BEACH, FL,	33435			
		·-	City/State and Zip Code			
		QUICKGWUOPLLC@GM	AIL.COM to be used for future annual report notification)			
For fur	her information c	oncerning this matter, please c				
		oncerning this matter, prease c				
	IS PHILPART	C.D.	954 857-8096 at ()			
	Name o	f Person	Area Code Daytime Telepho	one Number		
Enclose	ed is a check for th	ne following amount:				
□ \$25	5.00 Filing Fee	S30.00 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)		
				60 181		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ons 5 ssee t, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUICK GWUOP LLC

( <u>Name of the Limited Liabil</u> (A Florid	y Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability (Florida document number L21000093456	ompany were filed on FEBRUA	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ted liability company here:	
The new name must be distinguishable and contain the words "Lin	ted Liability Company," the designa	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	ESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our record	s, enter the name of the new registered
New Registered Office Address:	Enter Florida stre	et address
		Placida
<del></del>	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	<b>C</b> 3
hereby accept the appointment as registered agent of the proper and corovisions of all statutes relative to the proper and concept the obligations of my position as registered agoeing filed to merely reflect a change in the registere company has been notified in writing of this change.	mplete performance of my du ent as provided for in Chapte	ty. I further agræto comply with the ties, and I am familiar with and r 605. F.S. Or, if this document is
	If Changing Registered Agent, Sig	nature of New Registered Agent
	arefureren veterit alk	mainte of them trestated on Whell

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	TRAVIS T PHILPART	223 NE 11TH AVE. BOYNTON BEACH, FL, 33433	5
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ocument's effective date on the Do	epartment of St	ate's records.					
record specifies a delayed effective is filed.	e date, but not a	in effective tin	ne, at 12:01 a.n	1. on the earlier	of: (b) T	he 90th d	lay after the
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	Signature of a.me	ember or author	ized represultati	ve of a member			
		/				T	
TRAVIS T PHILPART			-		ĵ.: ·	==	

Typed or printed name of signee