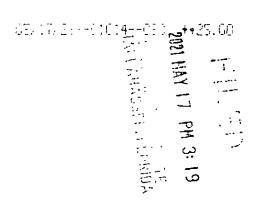
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(Requestor's Name)
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COVER LETTER

TO:

Tallahassee, FL 32314

erno me <i>c</i> es	BQ-BROTI	HERS"LLC"		•
ODJEC I	·	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
			-	
		Blerim Qorri		
	BQ-BROTHERS"LLC" Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. asse return all correspondence concerning this matter to the following:			
			Firm/Company	Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) dress: tion Section of Corporations
		2532 Countryside Pines Dr		
			ing this matter to the following: Name of Person	
		Clearwater, FL 33761		
		Name of Limited Liability Company		
		•	to be used for future annual report not	ification)
For further	information c	oncerning this matter, please c	all:	
Beata Kop	anska			
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00) Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
	_		_	
		-		
Ρ	しし おのそりもん	. 1	i ne Centre of I	LAHAHASSEE

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BQ-BROTHERS"LLC"	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
e Articles of Organization for this Limited Liability Company were filed o	
orida document number L21000151647	
as amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability compar	ny here:
Q-Brothers LLC	<u>22.</u>
e new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<u> </u>
rincipal office address MUST BE A STREET ADDRESS)	D. D.
	$=$ ω
	影 -9
iter new mailing address, if applicable:	<u> </u>
Tailing address MAY BE A POST OFFICE BOX	
If amending the registered agent and/or registered office address on one and/or the new registered office address here:	our records, enter the name of the new registe
the man be like her I be broken to be broken	
Name of New Registered Agent:	
New Registered Office Address:	Fi .: L. mar J.L.
Ente	er Florida street address
City	Florida Zip Code

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

71011	111444	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>.</u>			
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o5/10/2021 an effective date is listed, the date must be specific and cannot be prior to date of filing or more total. If the date inserted in this block does not meet the applicable statutory filing resocument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 60 equirements, this date will not be list	5.0207 (ted as t
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the list filed.	the earlier of: (b) The 90th day after	er the
ated May 10 , 2021 .		
$\rho 0 1.0$		
Signature of a member or authorized representative of	a mambar	

Filing Fee: \$25.00