Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

To:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **QUALIFIER LLC**

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALIFIER LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our reco orida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabilit	y Company were filed on <u>04/20/202</u>	and assigned
This amendment is submitted to amend the following	3 .	
A. If amending name, enter the new name of the	limited liability company here:	
		- 22
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "L	LC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	. 0
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX		
		·
B. If amending the registered agent and/or regist agent and/or the new registered office address her		er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	'ress
_		Florida
	City	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Frank Buettel	158 N DETROIT AVE	□Add
		MASSAPEQUA, NY 11758	} ⊠Remove
			□Change
			DAdd
			□Remove
			🗆 Add
			🗆 Remove
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ate of filing: (optional) e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	ffective date, if other than the can effective date is listed, the date must	late of filing:	(option	nal)
e specific and cannot be after to date of thatig of more than 70 days after thing,) i dishara to 000.0407 (Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable state partment of State's records.	utory filing requirements, this c	fate will not be listed
k does not meet the applicable statutory filing requirements, this date will not be listed as	e record specifies a delayed effective			
k does not meet the applicable statutory filing requirements, this date will not be listed as artinent of State's records.				
k does not meet the applicable statutory filing requirements, this date will not be listed as artinent of State's records.	d is filed.	2021		
k does not meet the applicable statutory filing requirements, this date will not be listed as artiment of State's records. Idea, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	the record specifies a delayed effective right is filed. $\frac{08/10}{2}$	2021		