

L21000189484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

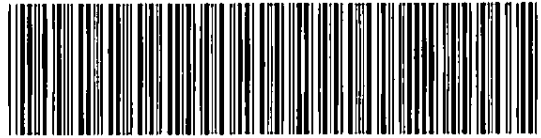
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900408251859

05/10/2023 01:07 PM 460000

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 MAY 10 PM 1:07

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: QRS365 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ms.Nicky McCray

Name of Person

Firm/Company

8901 N.W. 80th Drive

Address

Tamarac, FL. 33321

City/State and Zip Code

QRS3651.1.C@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ms.Nicky McCray	754	244-8788
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

QRS365LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 23rd 2021 and assigned
Florida document number L21000189484.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8901 N.W. 80th Drive

Tamarac, FL 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8901 N.W. 80th Drive

Tamarac, FL 33321

FILED
2023 MAY 10 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Ga'Mia Williams

New Registered Office Address:

8901 N.W. 80th Drive

Enter Florida street address

Tamarac

City

, Florida 33321

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.

Ga'Mia Williams
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Quaneisha Marion	8901 N.W. 78th Street	<input type="checkbox"/> Add
		Tamarac, FL 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicky McCray	8901 N.W. 80th Drive	<input checked="" type="checkbox"/> Add
		Tamarac, FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

5/1/2023

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FILED
2023 MAY 10 PM 1:07
CLERK OF COURT
JILLAHASBEE, FLORIDA
90th day after the

Signature of a member or authorized agent

Ms.Nicky McCray

Typed or printed name of signee