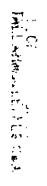
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(Requestor's Name)	_
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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JC L. C. O. -Arrend -11/15/22

WE NOT IT PH L: SC

COVER LETTER

TO: Registration So 1 Division of Co			
QYW LLC			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Quiahja Williams		
		Name of Person	
	QYW LLC		
		Firm/Company	
	38500 5h Ave.		
		Address	
	Zephyrhills FL 33542		
		City/State and Zip Code	
	Quiahjallc@gmail.com	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	•	
Quiahja Williams	5 . ,,	813 701-8739	
	of Person	at ()	e Telephone Number
, varie c	i i cison	Aca code Dayum	e reteptione realises
Enclosed is a check for t	he 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		Street Address:	ation
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QYW LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited I				and assigne	ed
Florida document number L21000226341					
Torral document number					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
QYW LEC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbi	eviation "L.L.C.	.,
Enter new principal offices address, if appli	38500 5th Ave				
(Principal office address MUST BE A STREET ADDRESS)		Zephyrhills,FL 33542			
(1 Intelpat office agaress MOST BE ABIRE)	ET ADDICESSA			- C. 3	
		 		NOV	Ti
		38529 5th Ave.		¥ -	
Enter new mailing address, if applicable:		Zephyrhills,FL 33542		(1) - 5	┵
(Mailing address MAY BE A POST OFFICE BOX)				 	
				<u>.</u>	
B. If amending the registered agent and/or	-naistared office	addrose on our records	anter the name	of the new re	nictored
agent and/or the new registered agent and/or	registered office : ess here:	address on our records,	enter the name	of the new re	gistereu
	·				
Name of New Registered Agent:	Quiahja Willian	ms			·
New Registered Office Address:	38500 5th Ave.				
		Enter Florida street	address		
	Zephyrhills		, Florida	12	
		Ciņ	<u></u>	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, Stenature 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>	Type of Action
AMBR	Quiahja Williams	38529 5th Ave.	□Add
		Zephyrhills,FL 33542	□Remove
			= Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Add
			□Remove
			Change

				
				
 -				
ctive date, if other than the ceffective date is listed, the date must e: If the date inserted in this blooment's effective date on the Department's	be specific and cannot be prior ck does not meet the applic	cable statutory filing requ	(optional) an 90 days after filing.) Pursuau uirements, this date will no	nt to 605.020 t be listed a
ford specifies a delayed effective tiled.	date, but not an effective t	ime, at 12:01 a.m. on the	e earlier of: (b) The 90th o	lay after th
November 08	2022	_ · ,		
<u> </u>	undin	u lillian	n)/	
S	ignature of a member or auth	orized representative of a n	nember	
Quiahja Williams				

Filing Fee: \$25.00