

121000275097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

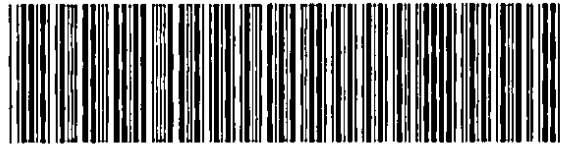
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800368842888

10 01 2014 10:00:00 AM

101

101

101

7/25/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: E-QUALITY WORLDWIDE 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:

ERIC WATLEY
Name of Person

E-QUALITY WORLDWIDE LLC.
Firm/Company

12102 MAGAZINE 2 APT 4109
Address

ORLANDO, FL 32828
City/State and Zip Code

EWATLEY12@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC WATLEY at (804) 1683-2082
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**

E-QUALITY WORLDWIDE LLC

(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 JUNE 14, 2021 and assigned Florida document number L21000275097

This amendment is submitted to amend the following:

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

E-QUALITY WORLDWIDE LLC

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)

12102 MAGAZINE ST. APT 410
ORLANDO, FL 32828

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12102 MAGAZINE ST. APT 410
ORLANDO, FL 32828

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:

ERIC WATKEY

New Registered Office Address:

12102 MAGAZINE ST. APT 4109

Enter Florida street address

ORLANDO

City

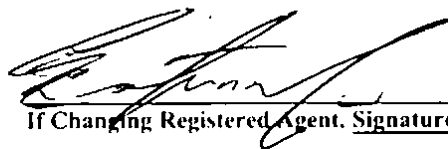
Florida

32828

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Add |
| | | <hr/> | <input type="checkbox"/> Remove |
| | | <hr/> | <input type="checkbox"/> Change |
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Add |
| | | <hr/> | <input type="checkbox"/> Remove |
| | | <hr/> | <input type="checkbox"/> Change |
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Add |
| | | <hr/> | <input type="checkbox"/> Remove |
| | | <hr/> | <input type="checkbox"/> Change |
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Add |
| | | <hr/> | <input type="checkbox"/> Remove |
| | | <hr/> | <input type="checkbox"/> Change |
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Add |
| | | <hr/> | <input type="checkbox"/> Remove |
| | | <hr/> | <input type="checkbox"/> Change |
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Add |
| | | <hr/> | <input type="checkbox"/> Remove |
| | | <hr/> | <input type="checkbox"/> Change |
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Add |
| | | <hr/> | <input type="checkbox"/> Remove |
| | | <hr/> | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: 06/16/21 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b).

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.

• If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 06/10/2021

~~Signature of a member or authorized representative of a member~~

ERIC WATLEY
Typed or printed name

Typed or printed name of signee