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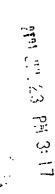
·
(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of C			
QLK AU SUBJECT:	TO ACCESORIES & MORE. I	ILC	
	Name of Lit	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sui	bmitted for filing.	
Please return all corresp	oondence concerning this matter	r to the following:	
	JOSE M. PEREZ		
		Name of Person	
	QLK AUTO ACCESORI	ES & MORE, LLC	
		Firm/Company	
	3390 NE 5TH ST APT 10	8	
	_	Address	
	HOMESTEAD, FLORIDA	N 33033	
		City/State and Zip Code	<u> </u>
	JOSEMANUELPR2005@1		
		to be used for future annual report	notification)
For further information	concerning this matter, please c	all:	
JOSE M. PEREZ		786 646-8336	í
Name	of Person	at ()	vtime Telephone Number
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: 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

QLK AUTO ACCESORIES & MORE, LLC	
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	w appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file lorida document number 121000304511	d on 07/01/2021 and assigned
	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability com	pany here:
ne new name must be distinguishable and contain the words "Limited Liability Compan	ry," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
	دب
	- q-
nter new mailing address, if applicable:	بب ·
failing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address or ent and/or the new registered office address here:	our records, enter the name of the new regis
and the state of t	
Name of New Registered Agent:	
New Registered Office Address:	
	tter Florida street address
	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 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>	Name	Address	Type of Action
AMBR	JOSE M. PEREZ	3390 NE 5TH ST APT 108 HOMESTEAD FL 3303	_
			□Remove
AMBR	JOSE M. PEREZ	3300 ME STU CT ADD 100 HOMOTOR AD DE 2010	5
		3390 NE 5TH ST APT 108 HOMESTEAD FL 3303.	□Add
			□Remove
		-	≅ □Add
			Add Remove
		<u> </u>	P — H Change
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effective di <u>e:</u> If the d	The state of the s	ote of filing: specific and cannot be prior does not meet the appliantment of State's records	r to date of filing or n	.1 4141 1	i onal) r filing.) Pursuant to 605.0 is date will not be listed
ord specif filed.	ies a delayed effective da	ate, but not an effective t	ime, at 12:01 a.m.	on the earlier of: (I	o) The 90th day after t
-d	July 16	2021			
			: XX		

Typed or printed name of signee