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Special Instructions to	Filing Officer.	
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Office Use Only



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8/24/21

COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations		
enn mzyr.	QBAKAN.	LLC		
SUBJECT:		Name of Lin	nited Liability Company	 -
The enclosed	l Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JUAN F QUEZADA A	VILA	
			Name of Person	
		QBAKAN, LLC		
			Firm/Company	
		1475 SW 8TH ST APT 50	03	
			Address	
		MIAMI, FL 33135		
			City/State and Zip Code	
		ISABELCASAL306@H		
For further is	iformation co	n-man address: (oncerning this matter, please c	to be used for future annual report of all:	notification)
ISABEL C.	ASAL		954 888-85-7.	
Name of Person		Person	at () Area Code Day	time Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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)
	ling Address		Street Address Registration	
Registration Section Division of Corporations		Registration Section Division of Corporations		
). Box 632			f Tallahassee
Lal	lahassee, F	L 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QBAKAN, LLC		} <u></u>
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our rec orida Limited Liability Company)	ords.) -
The Articles of Organization for this Limited Liabilit	y Company were filed on JULY 06, 202	and assigned
Plorida document number 1.21000306600	·	
This amendment is submitted to amend the following	<u>;</u> :	
A. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET AD</u>	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registongent and/or the new registered office address her		ter the name of the new regist
igent and/or the new registered office address her	<u>c</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	dress
	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	JUAN F QUEZADA AVILA	1475 SW 8TH ST APT 503 MIAMI, FL 33135	■Add
		-	□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
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