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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*.

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **QC LIVING LLC**

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QC Living LLC		
(Name of the Limited Liability Company as It n (A Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fil	led on 07/19/2021 and assigned	
Florida document number L21000329094		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	
The new name must be distinguishable and contain the words "Limited Liability Comp	sany," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	2021 307	
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BOX)	7-10 P	
	o	
		ľ
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new register	<u>e (</u>
agent and/or the new registered office address here:	₩ <b>0</b>	
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street address	
	, Florida Zio Crale	
Ciņ	Zip Clate	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to accept so so all statutes relative to the proper and complete performaccept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office address company has been notified in writing of this change.	mance of my duties, and I am familiar with and do of the in Chapter 605, F.S. Or, if this document is	te

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

Title	Name	Address	Type of Action
MGR	Maria Fernanda Perez	2001 Biscayne Blvd	
		Miami FL 33137	□Remove
			<b>≘</b> Change
MGR	Marcelo Quadros	2001 Biscayne Blvd	□Add
		Miami FL 33137	□Remove
			<b>≘</b> Change
MGR Andressa	Andressa Quadros	2001 Biscayne Blvd	□Add
		Miami FL 33137	□Remove
		***************************************	<b>≅</b> Change
			DAdd
			□Remove
			□Add
			□Remove
			Change
			□Add

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