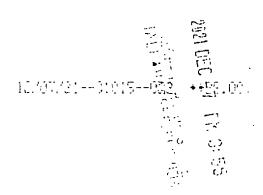
Office Use Only



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12/20/21 TAS

## **COVER LETTER**

TO: Registration Son Division of Con			
SUBJECT:IQA	USA LLC		
		nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	AUDE , ADELA LORE	ENA.	
		Name of Person	- <del> </del>
	IQA USA LLC		
	<del></del>	Firm/Company	
	7205 NW 19 TH ST SUIT	TE 401	
		Address	
	MIAMI,FL 33126		
		City/State and Zip Code	<del></del>
	GLOBALLYCONSULTING		
	E-mail address: (	(to be used for future annual report notification)	<del></del>
For further information c	oncerning this matter, please c	all:	
AUDE, ADELA LORI	ENA	at ( 239 ) 2380999	
Name o	f Person	Area Code Daytime Telephor	ne Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	_	Street Address: Registration Section	
Division of C	orporations	Division of Corporation	ıs
P.O. Box 632 Tallahassee, I		The Centre of Tallahass	
i aiimiassee, i	LT	2415 N. Monroe Street,	Suite of V

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IQA USA LI		
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number _L21000348891	Liability Company	were filed on 08/02/2021	and assigned
-			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applications	cable:	7205 NW 19 TH ST SUITE 401	
(Principal office address MUST BE A STREE	ET ADDRESS)	MIAMI, FL. 33126	
Enter new mailing address, if applicable:		7205 NW 19 TH ST SUITE 401	1000年
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL. 33126	
			· · ·
B. If amending the registered agent and/or the period of the second of t	registered office a	address on our records, enter the na	me of the new registered
Name of New Registered Agent:		AGENT CORP	
	7005 NULL 100	THE OF SHITE 401	<del></del> -
New Registered Office Address:	7205 NW 191	TH ST SUITE 401  Enter Florida street address	<del></del>
	МІАМІ	, Florida _	33126
New Registered Agent's Signature, if changing	Registered Agent:	Hauca iaz 7	Zip Code
I hereby accept the appointment as registere	ed agent and agre	ee to act in this capacity. I further a	gree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
	<del></del>		
		<del></del>	□ Remove
			Change
	<del></del>		
			□ Remove
			[]Change
<del></del>			Add →
			در Remove ال
			三 一 Change
			□Add
			□Remove
			□Change
			ПRетюче
		<del></del>	□Change
			Remove
			□ Change

## Page 2 of 3

. , #III	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	2
Effect	ive date, if other than the date of filing:(optional) fective 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
If an of Note:	fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	nent's effective date on the Department of State's records.
a ro	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	e 90th day after the record is filed.
Dated	
	Mr.
	Signature of a member or authorized representative of a member
	ADELA Lonena Aude SANCHEZ
	Typed or printed name of signee

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Filing Fee: \$25.00