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Division of Corporations



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Division of Corporations Fax Number : (850)617-6383

From:

Account Name : EXPRESS FILINGS INC Account Number : I20220000042 Phone : (786)370-2432 Fax Number : (786)866-6349

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

Email Address: VIGOVIGOCPA@aol.com



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MENDMENT	Page: 2 of 4	2023-08-02 15:56.16 GMT	17868666349	From: EXPRESS I
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	А	RTICLES OF AMENDM TO	ENT St	FILES
	Al	RTICLES OF ORGANIZA	ATION	
		OF		√.
		IQA USA LLC		
	(<u>Name of the l</u>	Imited Liability Company as it now appo (A Florida Limited Liability Company	tars on our records.)	
	ganization for this Limite number L210003	d Liability Company were filed on 48891	08/03/2021	and assigned
This amendment is	s submitted to amend the	following:		
A. If amending n	ame, <u>enter the new nam</u>	e of the limited liability company	<u>here</u> :	
The new name must be	e distinguishable and contain t	he words "Limited Liability Company," the	: designation "LLC" or the a	bbreviation "L.L.C."
Enter new princip	pal offices address, if ap	plicable:	N/A	
(Principal office a	<u>ddress MUST BE A STR</u>	EET ADDRESS		
T [*]			N1/A	
-	g address, if applicable: <u>MAY BE A POST OFFI</u>	~F ROY	N/A	
B. If amending th agent and/or the n	ne registered agent and/o new registered office ado	or registered office address on our Iress here:	records, <u>enter the nan</u>	ne of the new registered
Name of I	New Registered Agent:		DELA L. AUDE	
New Register	istered Office Address:		2634 NW 97 AVE Enter Florida street address	
		Enter Fl		
k -O				
x - g		DORAL	, Florida	33172 Ziy Code

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 (((H23000268380 3)})

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>br removed from our records</u> : MGR = Manager AMBR ≈ Authorized Member		(((H23000268380 3)))			
<u>Title</u>	Name		Address	Туре с	of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 (If an effective data <u>Note:</u> If the d 	e, if other than the date of ate is listed, the date must be speci late inserted in this block does fective date on the Department	if is and cannot be prior to date of filing or more than 90 days after filing.) I is not meet the applicable statutory filing requirements, this date w	Pursuant to 605.0207 (3xb) ill not be listed as the
f the record specif ecord is filed.	ies a delayed effective date, b	out not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
Dated	08/02	2023	
		(JB)	
	Signatur	re of a member or authorized representative of a member	
		ADELA L. AUDE	
		Typed or printed name of signee	<u> </u>

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