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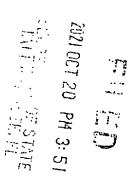
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Office Use Only



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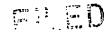
COVER LETTER

Division of Cor			•
Wholeshop		•	,
SUBJECT:	Name of Lim	ited Liability Company	· ·
	Amendment and fee(s) are sub ondence concerning this matter		
riease retuin an correspo	machee concerning and matter	to the following.	
	Michael Walding Jr.		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	QWNTM Services LLC		
		Firm/Company	
	PO Box 991		
		Address	
	Thayne, WY 83127		
		City/State and Zip Code	
	info@qwntmserviceslle.cor	n to be used for future annual report r	notification)
For further information c	concerning this matter, please c		
Michael Walding Jr.		307 275-7806	
Name o	of Person	at ()	time Telephone Number
Enclosed is a check for the	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 Addres		<u>Street Address:</u> Registration	
Registration Section		Division of C	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Wholeshop LLC		2021 OCT 20 PM 3:51
(Name of the Lim)	ted Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.)
The Articles of Organization for this Limited I Florida document number L21000375572		建筑 , [5]
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company." th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	<u> </u>
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addre	•	r records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	QWNTM Services LLC	
New Registered Office Address:	13470 NW 2 MANOR UNIT	104
	Enter (Florida street address
	PLANTATION	Florida 33325
	Cin	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.

M 1 clicili A

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	<u>Address</u>	Type of Action
AMBR	Michael Walding Jr.	18331 PINES BLVD.	□Add
		HOLLYWOOD, FL 33029	_
			☐ Change
AR	Moneymaker Latam LLC	18331 PINES BLVD.	≣Add
		HOLLYWOOD, FL 33029	□Remove
			□Add
		-	□ Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Change

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