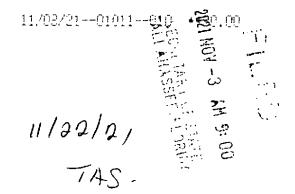


(Requestor's Name)
(Requestors Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operation to thing entropy.
Name change







COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	<u></u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Quinta	and Neely Name of Person	
	Q + 500	Firm/Company	g WC
	1710 N.	Valencia D	r
	Avon Po	City/State and Zip Code	325
	Show the fr	City/State and Zip Code City/State and Zip Code One based for future annual report rotifications.	cail Com
For further information co	ncerning this matter, please ca		
Quintana Name of	Person	at $(\sqrt{78})$ 806 - Area Code Daytime	599 Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	S30.00 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 Address:

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

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia	hility Company as it now appears on o	our records.)
(A Flor	rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 10-	19 - 2021 and assigned
Florida document number <u>L 210004559</u>		•
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Q + SONS Trucking	LIC.	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	<u> </u>	202
(Mailing address MAY BE A POST OFFICE BOX)		
		7/7 W
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our record	s, enter the name of the new registered
and the new registered office address fiere	<u>i</u> .	(5) 9: 0
Name of New Registered Agent:		등 전 <u>기</u>
New Registered Office Address:	E Pl - 1	
	Enter Florida str	eet aaaress
	City	, Florida Zip Code
	City	zip Coae

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
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			□Remove
			☐ Change
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Filing Fee: \$25.00