L21000 496890

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:				
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
CUDICT.	ED BY QUILLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ED' QUISHA D. ALVIN		
		Name of Person	
	QROWNED BY QUILLO		
		Firm/Company	
	1818 S MONROE STREE	T	
	 -	Address	
	TALLAHASSEE.FL 3230)1	
	QROWNEDBYQUI@GM.	City/State and Zip Code AIL.COM to be used for future annual re	Port natification)
For further information	concerning this matter, please c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ED' QUISHA D. ALVI	N	786 295- a1 ()	8358
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Addre		Street Ado	
Registration Division of (ion Section of Corporations
P.O. Box 63.			tre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

OROWNED BY QUILLO (Name of the Limited Liability Company as it now appears on our records: TARY OF STATE

(A Florida Limited Liability Company)

TALLAHASSEE STATE The Articles of Organization for this Limited Liability Company were filed on 11/18/2021 Florida document number L21000496890 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **OROWNEDBY QUILLO** The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

Ciiv

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

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ffective	e date, if other than the date of filing:
an chice	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
Note: If	nt's effective date on the Department of State's records.
Note: If	
<u>Sote:</u> If locumen	is a little of the little of the control of the con
Note: If locument	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
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Filing Fee: \$25.00