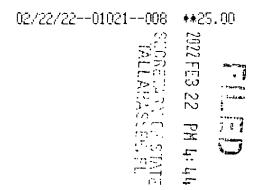
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COVER LE	TTER
TO: Registration Section Division of Corporations MELBOURNE DQ BIZ Name of Limited Liability Corporations	LLC , , , , , , , , , , , , , , , , , ,
The enclosed Articles of Amendment and fee(s) are submitted for full Please return all correspondence concerning this matter to the following the second sec	ing:
PORT SAINT CHECK E-mail address: (to be used) CHECK C. KAM Name of Person	Address Address WCIE FL 34952 State and Zip Code C @ GMAIL. (O M Sed for future annual report notification) at (157) Area Code Daytime Telephone Number Area Code S555.00 Filing Fee & Certificate of Status & Ce
Enclosed is a check for the total S30.00 Filing Fee & S25.00 Filing Fee Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MELBOURNE	DQ BIZ, LLC	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 1 24 / 7	2022 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
MELBOURNE QD B	31Z, LLC	
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
- Moral office www.css.moor os.moral office and os.mooral office with case mooral office and os.mooral office with case mooral of the case mooral office with case mooral offi		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
running undress MAT BE AT OST OFFICE BOA		<u> </u>
	-	
. If amending the registered agent and/or registere	ed office address on our records, enter th	e name of the new registere
gent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	202 SE
Name of New Registered Agent:		TO 1 100 1144
New Registered Office Address:		<i>≫</i>
	Enter Florida street address	
	, Flori	da
	City	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.

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
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Effective date, if other than the date of filing:	(optional)	
f an effective date is listed, the date must be specific and cannot be prior to date of fili Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ing or more than 90 days after filing.) Pursuant to 60 pry filing requirements, this date will not be list	5.0207 (3) ted as the
e record specifies a delayed effective date, but not an effective time, at 12:0 d is filed.	l a.m. on the earlier of: (b) The 90th day after	er the
Dated FEBRUARY 15 2022.		
Dated PEBRUARY 15 2022		

Typed or printed name of signee