422000049851

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
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COVER LETTER

TO: Amendment Section

Division of Cor	porations :			
NAME OF CORPO	DRATION: [IQ REAL ESTATI	E DESIGN, LLC		_
	1BER: L22000049851			_
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Linda Lepore			
		Name of Contact Persor	n	
	Caloosehatche Tax Service			2022
		Firm/ Company		
	615 Cape Coral Pkwy W #10	-		. 20
		Address		
	Cape Coral, FL 33914			P4 № 06
		City/ State and Zip Code	e	
	linda@stclair.group			
	E-mail address: (to be us	sed for future annual report	notification)	_
For further informati	ion concerning this matter, pleas	se call:		
Linda Lepore		239 at (540-2612	
Name	e of Contact Person	Area Co	de & Daytime Telephone N	umber
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ai Di	ailing Address nendment Section vision of Corporations O. Box 6327	Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee	
	Illahassee, FL 32314	2415 }	N. Monroe Street, Suite 8	10

Tallahassee, Fl. 32303



October 7, 2022

LINDA LEPORE 615 CAPE CORAL PKWY W #104 CAPE CORAL, FL 33914

SUBJECT: IQ REAL ESTATE DESIGN, LLC

Ref. Number: L22000049851

We have received your document for IQ REAL ESTATE DESIGN, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 422A00022491

SEP 2 0 2022

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: I'U REAL ESTATE DESIGN LUC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ronald W. St. Clair Name of Person
St. Clour Advisory Group L.P.
6/5 Cape Coral PKWY W. #202
Address
Cape Cocal, Fe 339/4 City/State and Zip Code Con & Stc lour · g roup E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
City/State and Zip Code
ron & stc lour, group E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
10 further information concerning this matter, please can.
Konald W. St Claur at (239), 540-2612
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
*It has been paid for.
Mailing Address: Bariety Section Bariety Section
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee EL 32314 2415 N. Monroe Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZQ REAL ESTATE DESIGN LUC (Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on ______ and assigned

Florida document number <u>L L L O000</u>	49851							
This amendment is submitted to amend the follow	wing:							
A. If amending name, enter the new name of	the limited liał	oility con	npany her	<u>'e</u> :				
							25.	
The new name must be distinguishable and contain the wo	rds "Limited Liabi	ility Comp	any," the de	signation "L	LC" or the	abbreviat		1.
Enter new principal offices address, if applica	ble:					••	10	<u> </u>
(Principal office address MUST BE A STREET	(ADDRESS)					****	20	
					,	••	17	
				·				
Enter new mailing address, if applicable:						•	9.0	
(Mailing address MAY BE A POST OFFICE B	2 <i>OX</i>)							
B. If amending the registered agent and/or reagent and/or the new registered office address		address	on our re	cords, <u>ent</u>	er the na	me of t	<u>he new r</u>	egistered
Name of New Registered Agent:	Rona	ld	W.	570	Clau	<u>'</u>		
New Registered Office Address:	615 C	ape		L PK ta street add		W	#2	<u>02</u>
	Cape !	Cocc	rl_		Florida _	339 Zip	14 Code	
New Registered Agent's Signature, if changing Ro	egistered Agent	<u>:</u>				·		

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
MGR	Micole Rauscher	AM RACKER MOOS 16	Add
		ROSENHEIM, 83026, DI	E □Remove
			□Change
			□Add
			□Remove
			Change
		<u> </u>	<u>.</u> □Add
			☐ ☐ Remove: .: .: .: .: .: .: .: .: .: .: .: .: .
			□Add
			□Remove
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ote: If the	te, if other tha late is listed, the d date inserted in effective date on	this block doe:	s not meet	the applica	to date of fili able statutor	ng or more th ry filing req	(op an 90 days aft uirements, th	tional) er filing.) Pur nis date will	suant to 60 not be li	 05.020 sted a
	ifies a delayed e	ffective date, b	out not an c	effective tit	ne, at 12:0:	l a.m. on the	earlier of:	(b) The 90	th day af	ier the
is filed.	Alber		·	DOLL	<u> </u>					