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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAMACHO & ASSOCIATES LLC

Account Number : 120220000154

Phone : (323)453-5446

Fax Number : (407)350-5660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LOSEVILLAFALDA & QLUS, DET

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QLATLANTAGA LLC

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Help T. LEMIEUX APR 2 1 2023

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		COVER LETTER	
TO: Registration Se Division of Cor			
SUBJECT: QLATLAN	TAGA LLC		
	Name of Li	inuted Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	shmittad for 61	
	ndence concerning this matte		
	JOSE JESUS VILLAFA	NA	
		Name of Person	
	QLATLANTAGA LLC		
		Firm/Company	
	3124 MONTSERRAT PL	LACE	
		Address	
	KISSIMMEE, FLORIDA	. 34743	
		City/State and Zip Code	151
	JOSEVILLAFANA@QLU	1	
		(to be used for future annual report no	lification)
For further information co	ncerning this matter, please of	call:	
JOSE VILLAFANA		407 7058014	
Name of	Person	at ()	nc Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FL	ection rporations	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QLATLANTAGA LI.C					
(Name of the Limited Liability Compa (A Florida Limited	any as it now appea	rs on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number L22000064331			and	d assign	red
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company h	ere:			
QK3 LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the o	lesignation "LLC" or the	abhreviatio	n "L.L.C	, , ,
Enter new principal offices address, if applicable:	318 N John You	ung Pkwy			
(Principal office address MUST BE A STREET ADDRESS)	ste 6a				
	KISSIMMEE, E	FL 34741		_	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
			 .		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our r	ecords, <u>enter the na</u>	me of the	new re 2023 :	egistered
New Registered Office Address:					
New Registered Office Address.	Enter Flor	ida street addr e ss , Florida		20 P	11.50
	City	, Florida _	⊂Zip Co	odes	
New Registered Agent's Signature, if changing Registered Agent:				: 0(
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in O	my duties, and I am Thapter 605, F.S. Or	familiar v. if this d	with ai	nd

If Changing Registered Agent. Signature of New Registered Agent

	g Authorized Person(s) authorized to r l from our records:		person being ac
MGR = y $AMBR = A$	usnager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Add
			□Remove
			□Change
			□Add
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			□Remove
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E. Effective date, if other than t.	ne date of filing: 04:	/18/2023		(anti-at)	
(If an effective date is listed, the date n Note: If the date inserted in this document's effective date on the	ust be specific and cannot block does not meet the		iling or more than 90 ory filing requirem	days after filing.) Pursuant ents, this date will not	t to 605.0207 (3)(t be listed as the
If the record specifies a delayed effect record is filed.	ive date, but not an ef	fective time, at 12:	01 a.m. on the earl	er of: (b) The 90th da	ly after the
Dated April 18th	202	23			
	1101				
	- 100 - 1	er or authorized sense			
	Signature of a membe	a or aumorized repre	sentative of a member	•	

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