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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corpor			
SHRH	ECT:	QK3	LLC	
3000			ited Liability Company	
The en	closed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please	return all corresponde	ence concerning this matter	to the following:	
		Jose	Jesus Villafan	9
			Name of Person	
			Firm/Company	
		3124 Mor	tseivat Place Address	
		<u>Ki ssimm</u>	ee, florida 3479 City/State and Zip Code	<u>'3</u>
	-	JOSe vi E-mail address: (1	Hafana G QLUS. net	tification)
For fur	ther information conc	erning this matter, please co		
	Tose Jesus	Villafana	at (<u>407</u>) 7053	5014
	Name of Pe	rson	Area Code Dayti	me Telephone Number
Enclos	ed is a check for the fo	ollowing amount:		
₩ \$2	5.00 Filing Fee	□ \$30.00 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:	a:	Street Address:	
	Registration Sec Division of Corp		Registration S Division of Co	
	P.O. Box 6327		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	QK3 Li	ii		
(Name of the Limited)	Liability Company Florida Limited Lia	as it now appea bility Company)	rs on our records.)	
The Articles of Organization for this Limited Liabi	ility Company w	ere filed on	02/07/2022	and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	ne limited liabilit	ty company h	<u>ere</u> :	
The new name must be distinguishable and contain the word	Enterp	orises	LLC	
he new name must be distinguishable and contain the word	ls "Limited Liability	Company," the	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
			•	·
	-			
Enter new mailing address, if applicable:	_			
Mailing address MAY BE A POST OFFICE BO	<u> </u>	<u></u> .		
B. If amending the registered agent and/or regi		dress on our i	ecords, <u>enter the na</u>	me of the new registe
agent and/or the new registered office address h	nere:			
Name of New Registered Agent:		•	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:				
		Enter Flo	rida street address	
			, Florida _	
-		Char		7:- ('- 1-

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
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□ Add
			□ Remove
			□ Add
		7414	□ Remove
			□Change
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ective da	aate inserte	ea in this blo	ock does not	ng: nd cannot be promeet the app State's record	licable statut	iling or more the	(opt nan 90 days afte puirements, th	ional) er filing.) Purs iis date will	suant to 605,020' not be listed as
<u>te:</u> 11 inc									
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