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COVER LETTER

TO: Registration Se Division of Cor			
ALL BLUF	ELLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following	
	SIMON LIN		
		Name of Person	
		Firm/Company	
	25154 618T AVE FL1		
		Address	
	LITTLE NECK, NY 11361	1	
	SIMONLINCPA@GMAIL.	City/State and Zip Code COM to be used for future annual report notificati	OM)
For further information c	oncorning this matter, please co		
SIMON LIN	·	917 250-2545	
Name o	d Person	at ()at ()Daytime Tel	ephone Number
Enclosed is a check for the	ne following amount.		
□ \$25.00 Filing Fee	☐ \$30 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	ıı
		Division of Corpora The Control of Talls	
Division of Corporations P.O. Box 6327		The Centre of Talla	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL BLUE LLC				
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited I	ns as it now appears on our reco liability Company)	rds.)	
The Articles of Organization for this Limited Lia Florida document number L22000077051	ability Company	were filed on <u>02/16/2022</u>	anc	assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
RMQQ SERVICES LLC				
The new name must be distinguishable and contain the wi	ords "Limited Liabíl	ity Company," the designation "LI	.C" or the abbreviatio	ι "L.I.C"
Enter new principal offices address, if applica	ıble:	8436 LYSIDE DRIVE		
(Principal office address MUST BE A STREET		MELBOURNE, FL 32940		
			بن چ	١
Enter new mailing address, if applicable:		8436 LYSIDE DRIVE	1.25	
(Mailing address MAY BE A POST OFFICE E	BOX)	MELBOURNE, FL 32940	流 。	
			1 . L'A	
B. If amending the registered agent and/or reagent and/or the new registered office address		iddress on our records, <u>ent</u> o	,., -	
Name of New Registered Agent:	RUIMIN ZHEN	sG		
New Registered Office Address:	8436 LYSIDE I			
		Enter Florida street addi	ress	
	MELBOURNE	. 1	Florida ³²⁹⁴⁰	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zıp Code

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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			□Change
			□Add
			[]Change
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Fective date, if other than the date of filing: (optional) neffective date is listed, the date must be specific and cannot be prior to date of filing or more than 50 days after filing.) Pursuant to 603 C2 time. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument is effective date on the Department of State's records ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the is filed. Let S S S How Many Signature of a member or authorized representative of a member.	etive date, if other than the date of filing:						
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Filing Fee: \$25.00