h22000170927

(Req	uestor's Name)
(Addı	ress)
(Addi	ress)
(City/	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busi	iness Entity Name)
(Doci	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	iling Officer:
	J. HORNE OCT 3 1 2022
	19/11

Office Use Only



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SECRETARY OF 14
TALLAHASSELLE





2022 OCT | | PM |: 49

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2022

ZAHID ANWAR 8445 NW 62ND PLACE PARKLAND, FL 33067 US

SUBJECT: QU1CH BPO SOLUTIONS, LLC

Ref. Number: L22000170927

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 722A00021461

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration So Division of Coa			
SUBJECT:	QUICH BP	o Solutions,	LLC
3010001.	Name of Lim	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:	
		10 ANWAR	
SUBJECT: QUICH BPO Solutions, 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:			
	<u> </u>	1 BPO SOLUTE	on 5
		Firm/Company	
	8445	NW 62 PL	
		Address	
	Park	land. F1- 3	3067
		City/State and Zip Code	
		·	itication)
For further information c	concerning this matter, please ca	all:	
ZAHID	ANWAR	at (954) 465	- 6892
Name o	of Person	Area Code Daytin	ne Telephone Number
Englanni is a check for t	he fallauinu amaunt		
1	-	CSS OO BUUN UN C	El Sco do Pilio, Pas
⊕ 525.00 rining ree		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	27	The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FII ED

2022 OCT | AM | 11: 32

WUICH BPO SOI	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>し </u>	y were filed on 10-06-22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	odity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

Cirv

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
MUR	MAHA ANWAR	8445 NW 62 BL	C-Add
		Parieland, Fr 3306	7 □Remove
			□Change
MGR	ZAHID ANWAL	84215 Nu 62 PL	□Add
		Parkland, FL 3306	<u>}</u>
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			[] Change
			□Add
			□Remove
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		J-Lindal	□Add
		.	□Remove
			□Change

Effective date, if other than the date of filing:			-
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	ated _	00,06 2022	
Signature of a member or authorized representative of a member			

Filing Fee: \$25.00