## L22000197396

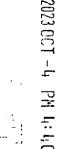
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PICK-UP W	AIT MAIL
(Business Ent	ity Name)
(Document No	umber)
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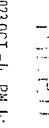
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## **COVER LETTER**

TO: Registration 9 Division of Co			
Q Gandy	y, LLC		
30137.61.		nited Liability Company	· <u>·</u>
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Christine Shewbridge		
		Name of Person	
	Q Gandy, LLC		
	<del> </del>	Firm/Company	
	3484 Pine Haven Circle		
		Address	
	Boca Raton, FL 33431		
		City/State and Zip Code	
	cs@qag.auto E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Christine Shewbridge		954 547-1367	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the 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)
Mailing Addre	ss:	Street Address:	•

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Q Gandy, LLC			
(Name of the Limited I (A I	Liability Compa Florida Limited	any as it now appears on our rec Liability Company)	cords.)
The Articles of Organization for this Limited Liabi	lity Company	were filed on 4/26/2022	and assigne
lorida document number L22000197396			•
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of th</u>		sility campany hara	
t. If antending name, enter the new name of the	e minteu nar	mity company nere:	
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "L	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	3484 Pine Haven Circle	
Principal office address MUST BE A STREET A		Boca Raton, FL 33431	20
			2023 C
			<u> </u>
Enter new mailing address, if applicable:		P.O. Box 273424	
(Mailing address MAY BE A POST OFFICE BOX)	X)	Boca Raton, FL 33427	- <del>'</del>
			<u>.</u>
B. If amending the registered agent and/or regis	stered office :	address on our records, <u>ent</u>	ter the name of the new reg
agent and/or the new registered office address he	<u>ere</u> :		
Name of New Registered Agent:	Christine Shew	bridge (same registered agent,	only changing address)
<del>-</del>	484 Pinc Hav	en Circle	
New Registered Office Address.		Enter Florida street add	dress
E	Boca Raton		Florida 33431
_	· -	City	Zip Code

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.

I 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	Bruce H. Qvale	3484 Pine Haven Circle	□Add
		Boca Raton, FL 33431	□Remove
			<b>⊒</b> Change
VP	Laura Hiura	3484 Pine Haven Circle	□Add
		Boca Raton, FL 33431	□Remove
			<b>≡</b> Change
			□Add
			□Remove
			Change
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
<del></del>			□Add
			□Remove

note:	tive date, if other than the date of filing:  [Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco	rd 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 iled.
rd is f	
rd is f	October 12 7023
rd is f	October 12  Number of a member or authorized representative of a member