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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.

Account Number : 120070000019 Phone : (518)689-1212 Fax Number : (518)432-0742

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **QC DEVELOPMENT LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QC DEVELOP	MENT LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	/ as it now appea ibility Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company w	ere filed on	05/13/2022	and as	signed
Florida document numberL22000197617				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company h	ere:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the o	designation "LLC" or the	abbreviation "I	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)		· · · · · · · · · · · · · · · · · · ·		·
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B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our 1	records, <u>enter the na</u>	me of the ne	ew registered
agent and of the new registered office address here.			٠.	20
Name of New Registered Agent:				122 +
				?
New Registered Office Address:	Enter Flo	rida sveet address	<u> </u>	
		, Florida	. <u>.</u>	
	City		Zip Code	- []
New Registered Agent's Signature, if changing Registered Agent:			70	ri O

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>	Name CORE ENTERPRISES LLC	Address	Type of Action
AMBR	Authorized Member By: ABOKHAY KHAIMOV	3941 SW 144TH TER	
		MIRAMAR, FL 33027	□ Remove
		·	⊟ Change
			□Add
			CRemove
			☐ Change
			OAdd
			☐Remove
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an ef lote:	ive date, if other than the date of filing: (optional) fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ament's effective date on the Department of State's records.
reco i is fi	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 led.
ated	
	/S/ ABOKHAY KHAIMOV
	Signature of a member or authorized representative of a member
	ABOKHAY KHAIMOV
	ADVADAT NORMUNIV

Filing Fee: \$25.00