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COVER LETTER

TO: Registration So Division of Co				
	gh HQ LLC			
SOBJECT.	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Lisa Babb			
		Name of Person		
	Breakthrough HQ			
		Firm/Company		
	720 W. Princeton St.			
	Address			
	Orlando, Fl 32804			
		City/State and Zip Code		
	lisa@breakthroughhq.com	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	·		
Lisa Babb		352 454-1656		
Name o	of Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 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)	
<u>Mailing Addres</u> Registration	Section	Street Address: Registration Sec		
Division of Corporations		Division of Cor	porations	

Tallahassee, FL 32314

P.O. Box 6327

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Breaktifough FQ, LLC			
(<u>Name of the Limi</u>	ted Liability Comps (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
he Articles of Organization for this Limited L lorida document number L22000282236	iability Company	were filed on $\frac{06/21/2022}{}$	and assigned
his amendment is submitted to amend the foll	owing:		
If amending name, enter the new name o	f the limited liab	oility company here:	
	_		
ne new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		720 West Princeton Street	
Principal office address MUST BE A STREET ADDRESS)		Orlando, Fl 32804	70 P
nter new mailing address, if applicable:		720 West Princeton Street	
Mailing address MAY BE A POST OFFICE BOX)		Orlando, Fl 32804	<u> </u>
	<u>.</u>		 ப
. If amending the registered agent and/or i gent and/or the new registered office addre		address on our records, ent	ter the name of the new regist
Name of New Registered Agent:			
New Registered Office Address:	720 West Princ	ceton Street	
- — — — -		Enter Florida street ade	tress
	Orlando		Florida 32804
		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.

... 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
			
			☐ Change
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			□Remove
			□ Change
			□Add
			□Remove
			□Change

D. If a	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Authorized Person Address Update: 720 West Princeton Street, Orlando, Fl 32804
	Addiotized reison Address Optiate. 720 West Princeton Silect, Ortalido, Pl 52804
(If an <u>Not</u>	ctive date, if other than the date of filing:
If the received is	ord 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 filed.
Date	d 11/1/2024
	Signature of a member or authorized representative of a member
	Ulisa T Rubb
	Typed or printed name of signee