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(((H22000286655 3)))



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Fax Number : (850)617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUICK WHIP RENTAL LLC

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MG 26 2022

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COVER LETTER

Division of Co			
SUBJECT:	QUICK W	HIP RENTAL LLC	
SOBJECT.		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	<u> </u>
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		
	E-mail address; (to be used for future annual report noti	fication)
For further information of	concerning this matter, please e	all:	
LOVETTE DOBSON		1 888-462-345	3
Name of Person		at ()	e Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Cupy (additional copy is enclosed)	© \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	xx.	Street Addrass	

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

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

ARTICLES OF AMENDMENT TO

QUICK WHIP RENTAL LLC

ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Jability Company)	on our records.)	<u> </u>	
The Articles of Organization for this Limited Liability Company Florida document number		07/13/2022	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ilty company her	<u>-e</u> :		
QUICK WHIP LLC				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or th	te 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 a agent and/or the new registered office address here:	ddress on our re	cords, <u>enter the r</u>	name of the ne	w registered
			2 AI	
Name of New Registered Agent:			20 5	
New Registered Office Address:			ल्ला ज	
	Enter Florie	la street address	P	505
		, Florida		
	Cay		To the Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of r provided for in C	ny duties, and La hapter 605, F.S. (ım familiar wi Or, if this doc	th and ument is
If Chan	ving Registered Ave	nt. Signature of New	Registered Age	

8/25/2022 08:47;38 CDT,

Page: 4/5 (((H22000286655 3))) (((H22000286655 3))) or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			☐Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			∏Change
			∏Add
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			☐Change
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ffective date, if other than the an effective date is listed, the date must total. If the date inserted in this bloocument's effective date on the De	ick does not met	et ine applicar	date of filing or i	nore than 90 days affi ig requirements, t	tional) or filing.) Pursuant to ris date will not be	605,0207 (3) listed as the
record specifies a delayed effective Lis fited.	e date, but not an	effective tim	e, at 12:01 a.m.	on the earlier of:	(b) The 90th day a	ifter the
atedAUGUST 24th	,,	2022	. •			
Constance	-2011 /					

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Typed or printed name of signee