L22000340833

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COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	PRQ ENTER	RPRISE CO, LLC				
go bole		Name of Limi	ited Liability Company			
The enclosed	I Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		ALEXANDRA MANOSA	LVAS			
			Name of Person			
		SARIOL BUSINESS GRO	OUP, LLC			
	Firm/Company					
	8200 NW 41ST STREET, SUITE 315					
			Address			
			Address			
		DORAL, FLORIDA 33160	6			
			City/State and Zip Code	· 		
		legal@bigpllc.com				
		E-mail address: (t	to be used for future annual report notifica	ation)		
For further in	nformation cor	ncerning this matter, please ca	all:			
ALEXANDRA MANOSALVAS		786 625-7632				
	Name of I	erson	Area Code Daytime T	elephone Number		
Enclosed is a	check for the	following amount:				
■ \$25.00 F	iling 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)		

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

TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRQ ENTERPRISE CO, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L22000360833	y were filed on 08/16/2022	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	oility 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 or registered or registered office address he	office address on our records, <u>ente</u>	The name of the ne
Name of New Registered Agent:		TARY OF
New Registered Office Address:	Enter Florida street address	TO 15
	Florida	部石
	City 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.

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
MGR	SANTOS LOPEZ, MARCO A	1820 E FIRST ST, SUITE 200	Add
		SANTA ANA. CA 92705	■ Remove
			Change
MGR	SANTOS LOPEZ, JUANA V	1820 E FIRST ST, SUITE 200	
		SANTA ANA, CA 92705	■ Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
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record specifies a delayed e	ffective date, but	: not an effectiv	ve time, at 12:0	1 a.m. on the ea	rlier
The 90th day after the record	d is filed.	A.		_ 5 OII GIC CO	
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