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## **COVER LETTER**

	egistration Sec vision of Corp					
SUBJECT:		TERPRISES				
SUBJECT		Name of Lin	nited Liability Company			
The enclose	ed Articles of a	Amendment and fee(s) are sub	bmitted for filing.			
Please retur	n all correspor	ndence concerning this matter	r to the following:			
		AJAYLMILLER				
			Name of Person			
			Firm/Company			
		14137 ARBOR PINES DI	R		2027 SE(	•
		RIVERVIEW, FL 33579	Address		2022 SEP – SECRETA! TALLAH	Signal Si
			City/State and Zip Code	·	6 PH	51
		ADMIN@QLANDENTER  E-mail address: (	PRISES.COM (to be used for future annual report noti	fication)	2: 38 STATE E. FL	<b>.</b>
For further i	information co	ncerning this matter, please c	rall:		iu ω	
AJAYI MII	LER		813 323-3185			
	Name of	Person		e Telephone Num	iber	
Enclosed is	a check for the	e following amount:				
□ \$25.00 l	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certif	) Filing Fee, ficate of Status fied Copy onal copy is enclos	
	illing Address gistration S	=""	<u>Street Address:</u> Registration Sec	tion		
Di	vision of Co	orporations	Division of Cor			
	D. Box 6327 Hahassee - F		The Centre of T		. 010	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUAND ENTERPRISES LLC

company has been notified in writing of this change.

	4 F 17 11 11501 55 5000	<b>、</b>				
The Articles of Organization for this Limited Liability Company	were filed on AUGUST 23, 2022	and assigned				
Florida document number 1.22000370211						
This amendment is submitted to amend the following:						
A. If amending name, <u>enter the new name of</u> th <u>e lim</u> ited liab	aility company hore					
A. If anichoring name, circle the new name of the immediate	mny company nere.					
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	14137 ARBOR PINES DRIVE					
(Principal office address MUST BE A STREET ADDRESS)	RIVERVIEW FL 33579					
		202 SE				
		ACR SE				
Enter new mailing address, if applicable:	1645 SUN CIY CENTER					
(Mailing address MAY BE A POST OFFICE BOX)	UNIT 5874	Sec P III				
Manning address MAT DE A CONT OF FICE DON	SUNCITY CENTER FL 33571					
		<u> </u>				
B. If amending the registered agent and/or registered office:	address on our records, <u>enter t</u>	rri				
agent and/or the new registered office address here:						
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	Flo	rida Zip Code				
	City	Zip Code				

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	<u>Address</u> ,	Type of Action
MGR	AJAYI MILLER	14137 ARBOR PINES DR. RIVERVIEW FL 33579	<b>\(\vec{\vec{\vec{\vec{\vec{\vec{\vec{</b>
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AMBR	LATAMARA MILLER		Dadd
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