122000381925

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S. CHATHAI.

DEC 20 701



COVER LETTER

TO: Registration Se Division of Cor		•	
	FESSIONALS LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	EZEQUIEL FISCHER		
		Name of Person	
		Firm/Company	
	800 SE 4TH AVENUE SU	ITE 704	
		Address	
	HALLANDALE BEACH,	FLORIDA 33009	
	efischer@cpa.com	City/State and Zip Code	tification)
For further information c	oncerning this matter, please ca		THE CHANGE
EZEQUIEL FISCHER		305 5273503 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	ection
Division of C	orporations	Division of Co	orporations
P.O. Box 632	7	The Centre of	i aiianassee

Tallahassee. FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LOVC PROFESSIONALS LLC				
(Name of the Limited (A	Liability Company as it Florida Limited Liability	now appears o Company)	n our records.)	
he Articles of Organization for this Limited Liab lorida document number <u>L22000381925</u>	ility Company were f	iled on <u>08</u>	130129	and assigned
his amendment is submitted to amend the follow:	_			
. If amending name, enter the new name of th	e limited liability co	mpany here	:	
QVC PROFESSIONALS LLC		<u> </u>		
he new name must be distinguishable and contain the word	s "Limited Liability Com	pany," the desig	gnation "LLC" or the a	bbreviation "LLC." 🖳
nter new principal offices address, if applicab	le:			SELD SPORT
Principal office address MUST BE A STREET A	4DDRESS)			92
				7X
				70 70 70
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BO)X)			
4 mm, mm.c.s211 12/11 (051 011 110 110	<u></u>			
		_		
. If amending the registered agent and/or regi	stered office addres	s on our reco	ords, enter the nan	ne of the new registe
gent and/or the new registered office address b				
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address:		Enter Florida	street address	
New Registered Office Address:		Enter Florida	sirect address, Florida	

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			DIVISITED REP 20
			Remove 26 hangs Price And Otto
			□ Remove
			Change
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ffective date, if other the	an the date of filing:			(optional)	1
an effective date is listed, the diote: If the date inserted in ocument's effective date on	ate must be specific and ca this block does not mee	innot be prior to dat et the applicable:	e of filing or more the statutory filing requ	in 90 days after filing	g.) Pursuant to 605.020
record specifies a delayed e is filed.	effective date, but not an	n effective time, a	t 12:01 a.m. on the	earlier of: (b) 11	ne 90th day after the
Soutemb	e/ 13 .	2022	~		
ated					

Typed or printed name of signee