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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624

fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUAERE OPTIMA LLC

Certificate of Status	0
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Corporate Filing Menu

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K. SALY

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To:

ARTICLES OF AMENDMENT TO

H240003637173

ARTICLES OF ORGANIZATION OF

	DRGANIZATION	
C)F	9% 6
QUAERE OPTIMA LLC		
(Name of the Limited Limbility Compa (A Florida Limited)	any as it now appears on our reco (Sability Company)	rds.) and assigned (
The Articles of Organization for this Limited Liability Company		
Florida document number L22000434348	were med on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ligh	ility company here:	
The new name must be distinguishable and contain the words "Limited Linbi	lity Company," the designation "Lt	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	435 Nw 30th ave.	
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale , FL 33311	
Enter new mailing address, if applicable:	435 Nw 30th ave.	
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale , FL 33311	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>entc</u>	r the name of the new registered
The second secon		
Name of New Registered Agent:		
• • • • • • • • • • • • • • • • • • •		
New Registered Office Address:	Enter Florida street addr	4.5%
	ī	Torida
	City	Zip Crde

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

To: Page: 3 of 4

2024-11-01 09:13:44 UTC+14

18506176383

From: ZenBusiness User

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

H240003637173

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Reneisha Latanya Powell	205 Tiflot Court	□Add
		Crestview, FL 32539-7040	≣Remove
			DChange
AMBR	Nicholas Mark Henreques Quallo	435 Nw 30th ave.	= Add
		Fort Lauderdale , FL 33311	□Remove
			□Change
			DChange TLC
			TALL MANUE OF THE OT TH
			□Change
			□Add
			☐ Remove
			☐ Change
****			□Add
			Remove
			□Change

Īo:

Update Business Purpose as fol	dows: Trucking Company, W	e haul freights!		

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ocument's effective date on the Dep	artment of State's records.			
record specifies a delayed effective of is filed	late, but not an effective time	e, at 12:01 a m, on the i	carlier of (b). The 90th	day after the
October 31	2024			
/s/ Nicholas Mark Her				
Si	gnature of a member or authoriz	red representative of a me	mber	