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	questor's Name)			
(Re	equestors ivame)			
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
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PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
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Special Instructions to	Filing Officer:			
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COVER LETTER

Registration Section

TO:

Division of Corp	oorations '		· ·
SHRIFCT: • DO	NALDSON Q	UEST 120	A.
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	WAYNE 1	A DOWALDSON Name of Person	
	DOWALDSON	RVEST LLC Firm/Company	
	6581 NW	215T CT SUNI	RISE FL 3
	SUNRISE FL	2 3 33 1 3 City/State and Zip Code	
	111 .00 < 8	City/State and Zip Code	
	/E-mail address: (t	ARCHFORCE.CA to be used for future annual report notif	cation)
For further information co	ncerning this matter, please ca	all:	
MAYNE A	DONALOSON	at (<u>964</u>) <u>806</u> – Area Code Daytime	4252 Telephone Number
Name of	Person	Area Code Daytime	retephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing 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 S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DONALDSON QUE (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.)		
	,		
The Articles of Organization for this Limited Liability Company	y were filed on $11/14/2022$ and assigned		
Florida document number <u>L. 22 000 495155</u> .	, ,		
This amendment is submitted to amend the following:			
•			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	Nin Company with decimality of LC was the abbunitation of LC w		
The new name must be distinguishable and contain the words. Limited Dao	mry Company, the designation LLC of the adoreviation Time.		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<u>\</u>		
	1:		
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere		
agent and/or the new registered office address here.			
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida street address		
	nmer r tortua street daaress		
	, Florida		
	·		
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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
AMBR-	WHANKE A DONALUSON		□Add
			□Remove
			Change
AMBR WAYNE A DONALOSON	WAYNE A DONALOSON	6581 NW 21ST CT SUNASEFL 33313	�Add
		□Remove	
		· · · · · · · · · · · · · · · · · · ·	<u> -</u>
			<u> </u>
			5
			□Remove
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			□Add
		□Remove	
			∏Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Lanvary 13 th. 2023.

Signature of a member

Signature of a member

Wayne A Donald Sov

Typed or printed name of signee