L23000000193

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
,
Special Instructions to Filing Officer:

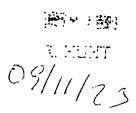
Office Use Only



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COVER LETTER

ΓO: . Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

SUBJECT: TQC	que line le e, I Name or Lim	Independent Contri	ader kalt	or Services, LL
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Jacqueline	LeQ Name of Person		
	Inquelineles	2, Independent Cantra	actor Realtors	ervices,LLC
	10450 Turi	Key Lake Rd. Address		2023
	Orlando,	City/State and Zip Code		orvišios Gascr
	Jacque ine le	to be used for future annual report noti	fication)	PH 12: 40
for further information ed	oncerning this matter, please ca	all:		0.4 to
Jacque line Name of	Person	at (<u>502</u>) <u>968</u> — Daytim	6198 ne Telephone 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)	S60.00 Filing Certificate of Certified Cop cadditional copy	Status & cy
Mailing Address Registration S	Section	Street Address: Registration Sec		
Division of C	orporations	Division of Cor	porations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Decomper 2), 2022 and assigned Florida document number <u>L</u>23*0*0000 *1*93 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>5a</u>	me officer	s and Addresses	DAdd
For	owner, (FO,	s and Addresses Président	□Remove
•	D		Change
<u>N</u> 0	Amend	ments	
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ONLY Amending Name	
No other Amendments, No	me
Change to be. Effective date	e receive
in 2023,	
	2 023
	P P
	12: 40
five date, if other than the date of filing:	ptional) ifter filing.) Pursuant to 6 this date will not be li
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of iled.	: (b) The 90th day af
June 30 2023.	
Jacque live Lee Typed or printed name of signee	