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COVER LETTER

TO:	Registration S Division of Co						
		ty Communications	•	•			
SUBJEC	CT# <u>*</u>		ited Liability Company	• .			
		f Amendment and fee(s) are sub condence concerning this matter	•				
		Brianna Smìth					
			Name of Person				
		AJs Quality Communication	ons				
			Firm/Company				
		3310 pinewalk dr n apt 182	21	2623 HAR 29			
			Address				
		Margate FL 33063		EN 80 30			
	City/State and Zip Code ajsqualitycommunications@gmail.com						
		• •	to be used for future annual report notification)	1:			
For furth	ner information	concerning this matter, please c	all:				
Brianna	Smith		954 857-5677 at ()				
	Name	of Person	Area Code Daytime Telephone	· Number			
Enclosed	l is a check for	the following amount:					
□ \$25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)			
	Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the L	imited Liability Compa (A Florida Limited I	ny as it now appears (Liability Company)	on our records.)	
The Articles of Organization for this Limite	d Liability Company	were filed on $\frac{02/00}{0}$	5/2023	and assigned
Florida document number L23000065433	·			
This amendment is submitted to amend the	following:			
A. If amending name, enter the new nam	e of the limited liab	ility company here	<u>:</u> :	
he new name must be distinguishable and contain t	he words "Limited Liabil	lity Company," the desi	ignation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if ap	nlicable	3310 pînewalk dr	ص n apt 1821 margate _: FL 3	330633
Principal office address MUST BE A STR	•	·		ir.R
THICIPAL OFFICE GALLESS WOST DE ASTR	<u>LEET ADDRESSY</u>			29
			· · · · · · · · · · · · · · · · · · ·	AA:
Enter new mailing address, if applicable:			r o	
Mailing address MAY BE A POST OFFI			r :	30
			·	•
 If amending the registered agent and/ogent and/or the new registered office ade 		address on our rec	ords, <u>enter the name</u>	of the new regi
Name of New Registered Agent:	Brianna Smith			
New Registered Office Address:	3310 piewalk di	r n apt 1821		
		Enter Florido	a street address	
	Margate		, Florida <u>3306</u>	3
		City		Zip Code

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 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
AMBR	Brianna Smith	3310 Pinewalk DR N APT 1821 margate FL 33063	= Add
			□Remove
			□Add
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Tectivo	e date, if other	than the date of	f filing:			(ontio	nai)	
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ecord s	specifies a delaye	d effective date. b	out not an effec	tive time, at 1.	2:01 a.m. on th	e earlier of: (b)	The 90th o	lay after th
is filed	J.							
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