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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
CUB IPCT.		FLEVENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing,		
Please return all correspo	ondence concerning this matter	to the following:		
	ana C	CAROLINA GARCIA ADORNO		
		Name of Person		
	,,	FirnvCompany	····	
1001 NW 7TH ST #512				
		Address		
		MIAMI, FL 33136		
		City/State and Zip Code	_	
	A	CC3@SVENTURINLCOM		
	E-mail address: (to be used for future annual report no	(ification)	
For further information of	oncerning this matter, please c	all:		
ANA CAROLIN	JA GARCIA ADORNO	781 333-9860		
Name c	rf Person	at () Area Code Daytii	me Telephone Number	
Enclosed is a check for t	he 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		Street Address: Registration S	ection	
Registration Division of C		Division of Co		
P.O. Box 632	-	The Centre of		
Tallahassee,			oe Street. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 APR 16 PM 3: 45

BUIATTI E	VENTS LLC	2024 APR 16 pm 3: 45
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our re Limited Liability Company)	Cords Alla
The Articles of Organization for this Limited Liability C	ompany were filed on $\frac{02/15/2023}{}$	and assigned
Florida document number 1.23000084332		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
QUICKWIN LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 .	
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	I office address on our records, <u>er</u>	nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			□ Change
			☐Add
		· · · · · · · · · · · · · · · · · · ·	Remove
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an effective do	te, if other than the date date is listed, the date must be spe date inserted in this block do effective date on the Departn	eific and cannot be les not meet the ap	oplicable statutor	g or more than 90 day	(optional) es after filing.) Pursuant ts, this date will not b	to 605.0207 be listed as
record speci	ifies a delayed effective date.	but not an effecti	ve time, at 12:01	a.m. on the earlier	of: (b) The 90th da	y after the
i is med.	APRIL ATH	202	4			
ated	APRIL 4TH	·	·			
ated	0	_	·	ntative of a member		

Filing Fee: \$25.00