

L2300010043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

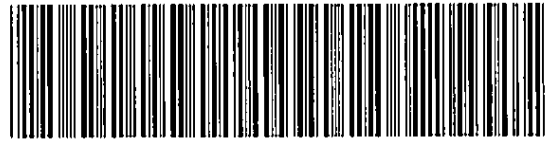
(Business Entity Name)

(Document Number)

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03/21/23 11:15 AM

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2023/03/21 PM 2:15  
CLERK OF COURT  
STATE OF ILLINOIS  
JUDICIAL CIRCUIT  
CLERK

~~2023/03/21~~

R. HUNT

03/21/23

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** QMK Enterprise LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Quenika Boston

\_\_\_\_\_  
Name of Person

QMK Enterprise LLC

\_\_\_\_\_  
Firm/Company

18503 Pines Blvd, Suite 310

\_\_\_\_\_  
Address

Pembroke Pines, FL 33029

\_\_\_\_\_  
City/State and Zip Code

info.qmkenterprise@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL

2009 APR 21 PM 2:15

FILED

For further information concerning this matter, please call:

Quenika Boston

954 902-6422

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

QMK Enterprise LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 24, 2023 and assigned  
Florida document number L23000100273.

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 "L.L.C."

**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, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, 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 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>    | <u>Address</u>              | <u>Type of Action</u>                      |
|--------------|----------------|-----------------------------|--------------------------------------------|
| MGR          | Kathy Cole     | 18503 Pines Blvd, Suite 310 | <input checked="" type="checkbox"/> Add    |
|              |                | Pembroke Pines, FL 33029    | <input type="checkbox"/> Remove            |
|              |                |                             | <input type="checkbox"/> Change            |
| MGR          | Quenika Boston | 18503 Pines Blvd, Suite 310 | <input type="checkbox"/> Add               |
|              |                | Pembroke Pines, FL 33029    | <input checked="" type="checkbox"/> Remove |
|              |                | Remove duplicate entry      | <input type="checkbox"/> Change            |
|              |                |                             | <input type="checkbox"/> Add               |
|              |                |                             | <input type="checkbox"/> Remove            |
|              |                |                             | <input type="checkbox"/> Change            |
|              |                |                             | <input type="checkbox"/> Add               |
|              |                |                             | <input type="checkbox"/> Remove            |
|              |                |                             | <input type="checkbox"/> Change            |
|              |                |                             | <input type="checkbox"/> Add               |
|              |                |                             | <input type="checkbox"/> Remove            |
|              |                |                             | <input type="checkbox"/> Change            |
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|              |                |                             | <input type="checkbox"/> Remove            |
|              |                |                             | <input type="checkbox"/> Change            |

MAR 21 PM 2:15  
STATE  
FL

LEED  
MAR 21 PM 2:15  
STATE  
ADDRESS, FL

(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.

Dated March 15, 2023

*Quenik B. St. P.H.*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Ouenika Boston, Ph.D.

Typed or printed name of signee

**Filing Fee: \$25.00**