L23000131537

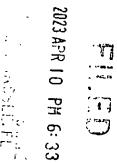
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S FROM 174

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
KQ CONS SUBJECT:	ULTING LLC		
3010LC1.	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:	
	KEYLA C QUINTERO G	UZMAN	•
		Name of Person	**************************************
	KQ CONSULTING LLC		
		Firm/Company	
	1160 EUCALYPTUS DRI	VE, UNIT 5	
		Address	
	HOLLYWOOD, FL 3302	Į.	
		City/State and Zip Code	
	KEIQUINTERO@GMAIL		
		to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please co	all:	
KEYLA C QUINTERO GUZMAN		201 966-0208	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	tion
Division of C	orporations	Division of Corp	oorations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
i ananassee, i	T L J L J L J L T	Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KQ CONSULTING LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company willorida document number L23000131537	vere filed on 03/14/2023 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabili	ity company here:
ne new name must be distinguishable and contain the words "Limited Liability	y Company "the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	APR
rincipal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	P) 6: 33
lailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office ad ent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new regis</u> t
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 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
			□Add
			□ Remove
			□ Change
.			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	CCCOND LACT MANG
	SECOND LAST NAME.
	THE NAME OF THE REGISTERED AGENT PERSON IS CURRENTLY DISPLAYED AS:
	NAME: KEYLA C QUINTERO
	THE NAME NEEDS TO BE UPDATED TO:
	NAME: KEYLA C QUINTERO GUZMAN
	THE NAME AND TITLE OF THE AUTHORIZED PERSON NEEDS TO BE UPDATED FROM:
	TITLE: CEO
	NAME: KEYLA C QUINTERO
	UPDATE TO:
	TITLE: MGR
	NAME: KEYLA C QUINTERO GUZMAN
(If an e <u>Note</u>	rtive date, if other than the date of filing:
If the record is	ord 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 filed.
Dated	Signature of member or authorized representative of a member

Typed or printed name of signee