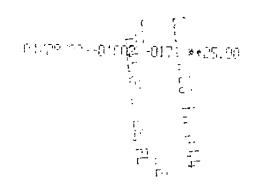
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(Re	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bus	aness Entity Name)	
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Office Use Only



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COVER LETTER

ection rporations			
EALTY LLC			
Name of Lim	ited Liability Company	- 	
Amendment and fee(s) are sub	mitted for filing.		
ondence concerning this matter	to the following:		
DARYN WILES			
	Name of Person		
QUICK REALTY,LLC			
	Firm/Company		
3001 HARRISON HILL W	VAY		
	Address		C : .
TALLAHASSEE,FL 3231	1		
	City/State and Zip Code		$\mathcal{E}_{0} = \frac{1}{\Gamma}$
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		incation)	
	850 5452955		T on
of Person		ne Telephone Number	
the following amount:			
S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified	e of Status &
	Street Address: Registration Se	ection	
Corporations	Division of Co	orporations	
	· · · · ·		10
	Name of Lim Name of Lim FAmendment and fee(s) are subsondence concerning this matter DARYN WILES QUICK REALTY, LLC 3001 HARRISON HILL V TALLAHASSEE, FL 3231 DARYNWILES@GMAIL. E-mail address: (concerning this matter, please concerning this matter, please concerning this matter) of Person the following amount: S30.00 Filing Fee & Certificate of Status	Name of Limited Liability Company Famendment and fee(s) are submitted for filing. Ondence concerning this matter to the following: DARYN WILES Name of Person QUICK REALTY, LLC Firm/Company 3001 HARRISON HILL WAY Address TALLAHASSEE, FL 32311 City/State and Zip Code DARYNWILES@GMAIL.COM E-mail address: (to be used for future annual report not concerning this matter, please call: at (Name of Limited Liability Company Famendment and fee(s) are submitted for filing. Ondence concerning this matter to the following: DARYN WILES Name of Person QUICK REALTY, LLC Finn/Company 3001 HARRISON HILL WAY Address TALLAHASSEE, FL 32311 City/State and Zip Code DARYNWILES@GMAIL.COM E-mail address: (to be used for future annual report notification) concerning this matter, please call: 4850 Area Code Area Code Daytime Telephone Number the following amount: S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & S60.

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com-	pany were filed on $\frac{4.17.2023}{1.17.2023}$	and assigned
florida document number L23000187489		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		C [:
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		C
muning uggics mir bayin our or too vory		en la
		*
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records,	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	City	, Florida 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>	Address	Type of Action
MGR	DARYN WILES	3001 HARISON HILL WAY TALLAHASSEE, FL	32 323 ¹
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or re: If the date inserted in this block does not meet the applicable statutory filingment's effective date on the Department of State's records.	(option more than 90 days after f ng requirements, this	iling.) Purs	uant to 605.0 not be liste
ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. filed.	on the earlier of: (b)	The 90t	h day after
$\frac{\text{aPRIL 28,3}}{\text{aPRIL 28,3}} \frac{42923}{2023}$			