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COVER LETTER

TO:

Registration Section Division of Corporations

ONH LLC SUBJECT: _ 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: ARTHUR E CARSON Name of Person QNH LLC Firm/Company 16141 SW 43rd Terrace Address Miami, FL 33185 City/State and Zip Code arthur.carson@qnhllc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARTHUR E CARSON Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QF	NH LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Horida document number $\frac{1.23000391749}{1.000000000000000000000000000000000000$	·	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	e address on our records, enter the	name of the new regist
Name of New Registered Agent:		100 mm 100 mm
New Registered Office Address:	Enter Florida street address	17 P
	. Florid	l-1
-	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
MGR	ALICIA GOMEZ	16141 SW 43rd Terrace	□Add
		Miami, FL 33185	≣Remove
			□ Change
			□ Add
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f an effective date Note: If the dat	if other than the is listed, the date must te inserted in this blocetive date on the De	be specific and cock does not me	annot be prior et the applic	to date of filing able statutory	or more than 90	days after f	iling.) Purs	suant to 605 not be list	6.0207 ed as
	es a delayed effective	date, but not a	n effective ti	me, at 12:01 a	.m. on the earl	ier of: (b)	The 90t	h day afte	r the
record specific									
e record specific d is filed.	22.		2024	0)				
e record specific d is filed.	22.	Signature of a me	190	Owan orized represents) ative of a membi	er			