

L23 000 421 064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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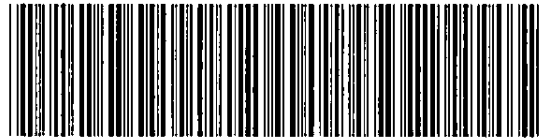
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KQADVANTAGE LLC**

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

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

Please return all correspondence concerning this matter to the following:

CARL QUIST

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

KQADVANTAGE LLC

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

7726 WINEGARD ROAD, 2ND FLOOR, UNIT 317.

\_\_\_\_\_  
Address

ORLANDO, FLORIDA , 32809.

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

carl.quist@kqadvantage.com

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

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2024 APR -8 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

CARL QUIST

689 4443176

at ( )

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

\_\_\_\_\_  
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**

KQADVANTAGE 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 SEPTEMBER 11 2023 and assigned  
Florida document number 123000421064.

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)**

7726 WINEGARD ROAD, 2ND FLOOR, UNIT 317

ORLANDO, FLORIDA

32809

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7726 WINEGARD ROAD, 2ND FLOOR, UNIT 317

ORLANDO, FLORIDA

32809

**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	CARL QUIST	7726 WINEGARD ROAD, 2ND FLOOR, UNIT 317	<input type="checkbox"/> Add
		ORLANDO-FLORIDA	<input type="checkbox"/> Remove
		32809.	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

SECRETARY'S OFFICE  
TALLAHASSEE, FL  
2024 APR -8 PM 1:37  
b6  
b7C

2024 APR -8 PM 14:31  
 GEORGE WASHINGTON STATE  
 TALLAHASSEE, FL

SECRETARY OF THE ARMY  
WASHINGTON, D.C. 20315  
2024 APR -8 PM 11:34

(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)

If the record 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 record is filed.

*[Signature]*  
signature of a member

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**