L23000455004

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (100000) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (, |
| Codification of Outline |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



400418351394

11/03/23--01014--007 **25.00

11/7/23

2023 ROV -8 AM 9: 22

COVER LETTER

| TO: Registration Section Division of Corporations | | • | m _{il} |
|--|---|-----------------------------------|--|
| SUBJECT: Quan Gee'S Name of Limit | Ultimate Pareled Liability Company | ty Rusta | 15 |
| The enclosed Articles of Amendment and fee(s) are subn | nitted for filing. | | |
| Please return all correspondence concerning this matter to | o the following: | | |
| Joe | Name of Person | K:A | |
| Quan Gee | 5 Ult marte T | Party Ren | tals LCC |
| 16219 NO | W 431d CT Address | | 2023 NO SECI TALL |
| | City/State and Zip Code City/State and Zip Code City/State and Zip Code | | 1 1 22 WOY -8 AH 9: 22 |
| For further information concerning this matter, please cal | | | 22 ATE |
| Joquan Gaskin Name of Person | at (35Z) 39 Area Code Days | -12 - 8217 time Telephone Numb | ner |
| Enclosed is a check for the following amount: | | | |
| \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certific | Filing Fee, cate of Status & ed Copy nal copy is enclosed) |
| Mailing Address: Registration Section | Street Address: Registration S | | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

| (Name of the Limited Liability Co (A Florida Lim | ompany as it now appears on our records.) ited Liability Company) | |
|---|---|----------------------------|
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L23000455004</u> | pany were filed on 10 - 2 - 23 | and assigned |
| 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 t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | <u></u> | <u>~~~~</u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | FILL FD |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on our records, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florid | a |
| | 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> | <u>Address</u> | Type of Action |
|--------------|---------------|--------------------|---------------------|
| MER | Joquan Gaskin | 16219 NW 43rd CT | UAdd |
| | | Reddick, Fl. 32686 | □ Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | □ Remove |
| | | | Change SECI |
| | | | SECIL IARY OF STATE |
| | | | H Gange |
| | | . | □Add |
| | | | 🗀 Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | []Changa |

| | | | | <u></u> | | | | |
|----------------|--|------------------|------------------|--------------------|--------------------|-------------|------------------------|-----|
| | | . <u> </u> | | | | | | |
| | | | <u>-</u> | _ | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | <u></u> | | • | 2023 NOV -6 | |
| | | | | | | | <u> </u> | |
| | | - | | | | | SEE S | |
| | , | | | | | | 9: 22 STATE E FL | |
| | | | | | | | <u></u> N | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Effective dat | te, if other than the late is listed, the date mu | date of filing | ; <u> </u> | 1 | (0 | optional) | | 30' |
| Note: If the o | date inserted in this b | lock does not m | eet the applical | ble statutory fili | ng requirements | this date w | ill not be listed | Las |
| document's e | ffective date on the E | epartment of St | ate's records. | | | | | |
| | fies a delayed effection | re date, but not | an effective tin | ne, at 12:01 a.m | , on the earlier o | of: (b) The | 90th day after | the |
| - | | | | | | | | |
| rd is filed. | November | 5+h. | <u>2023</u> | | | | | |
| ord is filed. | November | 5+n. | 2023 | | | | | |

Filing Fee: \$25.00