L23000484928

	(Requestor's Name)	·
 	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL.
	(Business Entity Name)	
	(Document Number)	<u> </u>
Centified Copies	_ Certificates of	Status
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Office Use Only



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2029 HOV -2 AM 9: 56



Incorporating Services, Ltd.

incserv 1540 Glenway Drive

Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953

www.incserv.com

ORDER FORM

TO Florida Department of State

FROM :

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 11/2/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1190729

ORDER ENTITY JQW INVESTMENT LLC

PLEASE PERFORM	THE EOI I OWITH	C CEDITICES.		
JQW INVESTMEN		a sekatres:	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	

File the attached amendment

NOTES: \$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, November 2, 2023 Page I of I

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 NOV -2 AM 9: 56

JOW INVESTMENT LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

[A] [A Florida Limited Liability Company] The Articles of Organization for this Limited Liability Company were filed on 10/25/2023 and assigned Florida document number L23000484928 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

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
AMBR	Mingo Qu	99 SYOSSET CIR	= Add
		SYOSSET, NY 11791	
AMBR	Ningbo Qu	99 SYOSSET CIR	□Add
		SYOSSET, NY 11791	■Remove
			□Change
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