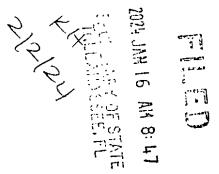
## L23000503843

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



300420935803

01/16/24--01020--024 \*\*25.00



## **COVER LETTER**

Division of Cor	porations		·	• "	••
444 North,	LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
	ondence concerning this matter				
Flease return an correspo	ndence concerning this matter	to the following.			
	Kathryn Taillon				
	<del></del>	Name of Person			
		Firm/Company			
	5489 Atlantic Vw				
		Address			
	St Augustine FL 32080				
		City/State and Zip Code			
	k.taillon@hotmail.com	k.taillon@hotmail.com  E-mail address: (to be used for future annual report notification)			
			ication)	170	emander!
For further information of	concerning this matter, please ca	ali:			
Kathryn Taillon		864 419-2516 at ()		2024 JAN 16	
Name (	of Person	Area Code Daytine	e Telephone Number	M 8: 4	12000
Enclosed is a check for t	he following amount:			FATE	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

Mailing Address:

TO:

Registration Section ...

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

444 North, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed on 11/06/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	cy 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	
Name of New Registered Agent:	三 5
New Registered Office Address:	Enter Florida street address
	Florida
<del></del>	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

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	QB ASSIST, INC	135 Jenkins St, Ste 105B #186	□Add
		St Augustine FL 32086	Remove
			□Change
MGR	Gregory Pantchenko	4448 N Alatamaha Dr	■Add
		St Augustine FL 32092	□ Remove
			□ Change
			□Add
			□Remove
			OChange
			0300
			Remove
			Change
			□Add
			□Remove
			☐ Change
			Remove
			□ Change

<del></del> .			1	,	
<del></del>					
<del> </del>	<del>/</del>				
	<u>/</u>				
		<del> </del>			
			- W W.		
<del></del>			·- · · · · · · · · · · · · · · · · ·		
-			<del></del>	2024 St. 3	
<del></del>					
				5 5	, mar.)
Effective date, if other (If an effective date is listed Note: If the date inser	er than the date of fill	ing:and cannot be prior to date of	(opt filing or more than 90 days afte utory filing requirements, th	ional) [7] 505 or filing.) Pursuant to 605.	.0207 (3)
document's effective d	ate on the Department o	f State's records.		m -	
cord is filed.		not an effective time, at 12	2:01 a.m. on the earlier of: (	b) The 90th day after	r the
Dated////	'2Y				
	Llhe				
	Signature of	f a member or authorized rep	resentative of a member  TOULT President	4	