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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer.	





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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: QUC	1114 TOX Name of Lim	EXPERTS Wited Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jaimer	C M. JOhn	150N
	_quality	TOX EXPOR-	tsuc
	P.O BOX	336 Address	
	Goldonka	City/State and Zip Code	33
	Quality TA: E-mail address: (XEXPERTS 6 6 to be used for future annual report noti	
For further information c	oncerning this matter, please ca	all:	٠
Joinne o	1.JONESON f Person	at (3413 -) 325- Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
13-\$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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ction
Division of C	forporations	Division of Cor	porations
P.O. Box 632	. /	The Centre of T	allahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\ <u></u>	(A Florida Limited L	iability Company)	,	
The Articles of Organization for this Limited L. Florida document number L2400114		were filed on <u>3</u>	17/24	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liabi	lity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the desig	nation "LLC" or the	abbreviation"L.L.C."
Enter new principal offices address, if applic (Principal office address MUST BE A STREE				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or r agent and/or the new registered office addre		ddress on our reco	rds, <u>enter the na</u> i	me of the new registered
Name of New Registered Agent: New Registered Office Address:	19:M	Mills Ave Enter Florida	Jana Ste.	<u>N</u>
	Olian	City	Florida _	32803 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.

f Changing Registered Agent, <u>Signature of New Registered Agent</u>

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
P	Jaimec M.	40 N. Mills are Se	. B □Add
	Jannsan	021900, F1 32803	□Remove
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fective date, if other than the date in effective date is fisted, the date must be spote: If the date inserted in this block document's effective date on the Department.	pecific and cannot be oes not meet the a	pplicable statut			
ecord specifies a delayed effective date is filed.	, but not an effect	ive time, at 12:0	01 a.m. on the earlie	r of: (b) The	90th day after the
ited Nay 1 st	20	24			
	n				
Signa	tur of almember or	authorized repre	sentative of a member		