## Elorida Department

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUICK-N-FAST EXPEDITED SERVICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Fax: 2083526281

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on of (A Florida Limited Liability Company)	ur records.)		
0.412010.4			
The Articles of Organization for this Limited Liability Company were filed on 04/23/24 Florida document number L24000190962	and assigned		
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
he new name must be distinguishable and contain the words "Limited Liability Company," the designat	tion "LLC" or the abbreviation "L.L.C."		
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	202		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	:• o		
<ol> <li>If amending the registered agent and/or registered office address on our record gent and/or the new registered office address here:</li> </ol>	s, enter the name of the new regis		
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida stre	cet address		
	, FloridaZıp Code		
Cuy	Zip Code		
ew Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agree to act in this capac	city. I further agree to comply with		

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

1/3/2025 08:07 40 PST ·

Ta: 18506176383

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From, Registered Agents Inc.

Fax: 2083526281

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>	Name	<u>Address</u>	Type of Action
MGR	Bryant, James	451 bald Cypress Drive Apt 101	<b>∐</b> Add
		Kissimmee FL 34744	□Remove
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an effective date is listed, the date mu ote: If the date inscrited in this blocument's effective date on the D	lock does not mee	et the applicabl	le statutory filia	ig requirement		
record specifies a delayed effectives is filed	e date, but not an	i effective time	r. at 12:01 a.m.	on the earlier	of: (b) - The 90	th day after the
ated January 3	·	2025				
Janeo Bry						

Typed or printed name of signee