

L24 000 368 926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

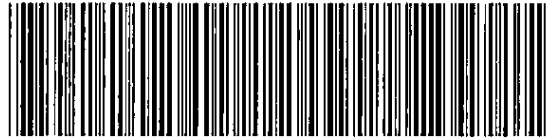
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800436193888

09/10/24--01003--001 \*\*25.00

FILED  
2024 SEP 10 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Questionology LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Md Akib Ali Sardar

\_\_\_\_\_  
Name of Person

Questionology LLC

\_\_\_\_\_  
Firm/Company

33891 Field Maple Loop

\_\_\_\_\_  
Address

Wesley Chapel, FL 33545

\_\_\_\_\_  
City/State and Zip Code

akschronicle@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
2024 SEP 10 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Md Akib Ali Sardar

917

392 6396

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

**Mailing Address:**

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**

Questionology LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 22, 2024 and assigned  
Florida document number L24000368926.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Not Applicable

The new name must be distinguishable and contain the words "Limited Liability 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)

Not Applicable

Not Applicable

Not Applicable

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

Not Applicable

Not Applicable

Not Applicable

**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: Md Akib Ali Sardar

New Registered Office Address: 33891 Field Maple Loop

*Enter Florida street address*

Wesley Chapel, Florida 33545

*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.*

*see attached*

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 SEP 10 PM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FL  
FBI

2024 SEP 10 AM 9:29  
SECRETARY OF STATE  
TAILAHASSI, C. P.

SECRETARY OF STATE  
TALLAHASSEE, FL  
2024 SEP 10 AM 9:29

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 09/02/2024, \_\_\_\_\_

Md Akib Ali Sardar

Typed or printed name of signee