## 125000131971

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

TO:

**Registration Section** 

Tallahassee, FL 32314

| Division of Co                  | rporations                                   |   |     |
|---------------------------------|--|---|-----|
| SUBJECT:                        | Qudelis LLC                                  |   |     |
| JOHN ECT.                       |  | mited Liability Company   |     |
| The enclosed Articles of        | Amendment and fee(s) are sub                 | bmitted for filing.   |     |
| Please return all correspondent | ondence concerning this matter               | r to the following:   |     |
|                                 |  | Johnathan Lambert   |     |
|                                 |  | Name of Person  |     |
|                                 |  | Qudelis LLC TALL  |     |
|                                 |  | Firm/Company  | " j |
|                                 | 2  | Qudelis LLC  Firm/Company  202 Verde Wood Circle  Address  Panama City Beach FL 32408   |     |
|                                 |  | Address S N   | į   |
|                                 |  | Panama City Beach FL 32408  | •   |
|                                 |  | City/State and Zip Code   |     |
|                                 |  | nathan.lambert@gmail.com  |     |
|                                 | E-mail address: (                            | (to be used for future annual report notification)  |     |
| For further information of      | concerning this matter, please c             | all:  |     |
| Johnathan I                     | Lambert                                      | at ( 850 ) 774-0017   |     |
| Name o                          | f Person                                     | Area Code Daytime Telephone Number  |     |
| Enclosed is a check for the     | he following amount:                         |   |     |
| □ \$25.00 Filing Fee            | ■ \$30,00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |     |
| Mailing Address Registration S  | Section                                      | Street Address: Registration Section  |     |
| Division of C<br>P.O. Box 632   |  | Division of Corporations The Centre of Tallahassee  |     |

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Qudelis I  |   |                                  |                   |
|--|---|----------------------------------|-------------------|
| (Name of the Limited   | Liability Company as it now appears of Florida Limited Liability Company) | on our records.)                 |                   |
| The Articles of Organization for this Limited Lia  | bility Company were filed on  | 20 March 2025 a                  | and assigned      |
| Florida document numberL25000136971  |   |                                  |                   |
| This amendment is submitted to amend the follow  | ving:   |                                  |                   |
| A. If amending name, enter the new name of t   | he limited liability company here   | <b>;</b>                         |                   |
| Qubit Communications I   | LLC   |                                  |                   |
| The new name must be distinguishable and contain the wor                                     | rds "Limited Liability Company," the desi                                 | gnation "LLC" or the abbrevia    | tion "L.L.C."     |
| Enter new principal offices address, if applical   | ble:  |                                  | S 2               |
| (Principal office address MUST BE A STREET   | ADDRESS)  |                                  | 25 A              |
|  |   |                                  | PR                |
|  |   | A.S.S.                           | RY 17             |
| Enter new mailing address, if applicable:  |   | ン<br>に<br>三                      |                   |
| (Mailing address MAY BE A POST OFFICE B  | OX)   |                                  | 11.5<br>5:<br>5:  |
|  |   |                                  | 급 8               |
|  |   |                                  |                   |
| B. If amending the registered agent and/or regagent and/or the new registered office address | <b>-</b>  | ords, <u>enter the name of t</u> | he new registered |
|  |   |                                  |                   |
| Name of New Registered Agent:  |   |                                  |                   |
| New Registered Office Address:   |   |                                  |                   |
|  | Enter Floride   | street address                   |                   |
|  |   | , Florida                        |                   |
|  | 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.

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 | Address | Type of Action   |
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| T) 66                        |   |                             |          |
| (If an effect                | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a   |                             |          |
|                              | the date inserted in this block does not meet the applicable statutory filing requirements, it's effective date on the Department of State's records. | this date will not be liste | ed as th |
| the record s<br>ord is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:   | : (b) The 90th day after    | r the    |
| Dated                        | 03 April 2025   |                             |          |
|                              | <del></del>   |                             |          |

Typed or printed name of signee