L25000327042

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COVER LETTER

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TO: Registration Division of C		
	-IQ, LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles of	of Amendment and fee(s) are sub	bmitted for filing.
Please return all corres	pondence concerning this matter	r to the following:
	LOUIS E. LOZEAU, JR.,	ESQ.
		Name of Person
	WRIGHT, PONSOLDE &	È LOZEAU, TRIAL ATTORNEYS, LLP
	 	Firm/Company
	1002 SE MONTEREY CO	OMMONS BLVD, SUITE 100
		Address
	STUART, FLORIDA 349	996
		City/State and Zip Code
	LLOZEAU@WPLTRIALA	
		(to be used for future annual report notification).
For further information	concerning this matter, please c	call:
LOUIS E. LOZEAU, J	R.	772 286-5566 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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclose
Mailing Addr Registration	Section	Street Address: Registration Section
Division of P.O. Box 63	Corporations	Division of Corporations The Centre of Tallahassee
Tallahassee.		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ACCESS-IQ, 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 JULY 16, 2025 and assigned Florida document number _____L25000327042 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 43 15

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:

	· · · · · · · · · · · · · · · · · · ·	Florida
New Registered Office Address:	Enter Florida stree	rt address
Name of New Registered Agent:		<u> </u>

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 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>	Name	<u>Address</u>	Type of Action
AMBR	AMINE BRIZINI	655 RUE DES GRENACHES	🗆 Add
		SATURARGUES, FRANCE 34400	■Remove
			□ Change
AMBR	MOHAMED AMINE BRIZINI	655 RUE DES GRENACHES	≣ Add
		SATURARGUES, FRANCE 34400	□Remove
			□Change
			
			□Remove
			□Change
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the ap	plicable statutory filing rea	(optional) han 90 days after filing.) Pursuant (quirements, this date will not b	to 605.0207 (3 e listed as th
he record specifies a delayed effectord is filed.	tive date, but not an effectiv	ve time, at 12:01 a.m. on th	ne earlier of: (b) The 90th day	after the
Dated JULY 28,	2025			
				
•				
	Signature of a member of a	uthorized representative of a	member	_

Filing Fee: \$25.00