

4/16/2021 Division of Corporations

L21000151022
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H210001531263)))



H210001531263ABCV

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CONTADORMIAMI.COM INC
Account Number : I20200000130
Phone : (954)345-7888
Fax Number : (786)713-1940

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

Email Address: _____

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2021 APR 16 PM 3:43

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TALLAHASSEE, FL

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2021 APR 16 AM 9:08

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MQ CONSTRUCTION SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

APR 19 2021

M. SOLOVSKY

H21000153126 3
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MQ CONSTRUCTION SERVICES 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 03/31/2021 and assigned
Florida document number L21000151022

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 "L.L.C."

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)

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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: MARCELO QUIROCA

New Registered Office Address: 3330 NE 190TH ST #206

Enter Florida street address

AVENTURA Florida 33180
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 by Chapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered office address, I hereby certify that the limited liability
company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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