

L21000/90216

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

From: Account Name : SOSME ACCOUNTING & TAX SERVICES LLC  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
50 QUIMLAND LLC

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Corporate Filing Menu

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K. SALY

NOV 15 2023

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: 50 QUIMLAND 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:

ROBBERT ARCILE LOPEZ

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

50 QUIMLAND LLC

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

3135 SW 122 AVENUE APT 108

\_\_\_\_\_  
Address

MIRAMAR FL 33025

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

rarcile@50quimland.com

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

For further information concerning this matter, please call:

ROBBERT ARCILE LOPEZ

954  
at ( )

842-0821

\_\_\_\_\_  
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

FILED  
2023 NOV 14 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

50 QUIMLAND 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 04/30/2021 and assigned  
Florida document number L21000190216.

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:

3135 SW 122 AVE APT 108

(Principal office address MUST BE A STREET ADDRESS)

MIRAMAR FL 33025

Enter new mailing address, if applicable:

3135 SW 122 AVE APT 108

(Mailing address MAY BE A POST OFFICE BOX)

MIRAMAR FL 33025

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:

ROBBERT ARCILE LOPEZ

New Registered Office Address:

3135 SW 122 AVENUE APT 108

*Enter Florida street address*

MIRAMAR

Florida 33025

*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 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>
MGR	JOHAN CARLOS ARENAS	3135 SW 122 AVE APT 108	<input checked="" type="checkbox"/> Add
		MIRAMAR FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 13 2023

 Signature

ROBBERT ARCILE LOPEZ

Typed or printed name of signee

**Filing Fee: \$25.00**