Division of Corporations Electronic Filing Cover Sheet

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(((11210003036583)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLL BUSINESS SOLUTION CORP

Account Number : I20190000092 : (754)202-8663 Fax Number : (786)636-3620

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

Email Address: FLLBusiness@outlook.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONQUER RESOURCES LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

COVER LETTER

H210003036583

TO: Registration S Division of Co			
CONQUE	ER RESOURCES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	if Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	XIANNY CHINCHILLA		
		Name of Person	
	FLL BUSINESS SOLUTI	ON CORP	
Firm Company			
	8350 W STATE ROAD 8-	4	
		Address	
	DAVIE, FL. 33324		
		City/State and Zip Code	
	FLEBusiness@outlook.com	to be used for future annual report n	ari (mari an)
For further information	concerning this matter, please c		non, actor)
XIANNY CHINCHILI	_A	754 2028663	
Nume	of Person	at () Area Cude Dayi	ime Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	S30.00 Filing Fcc & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address: Registration S	
	Corporations	Division of C	orporations
P.O. Box 63	327	The Centre of	
Tallahassee.	. rt 32314	2415 IN, MON	roe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H210003036583

CONQUER RESOURCES LLC	
(Name of the Limited Liability Compe (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.21000283935 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	3860 SW 69th Ave
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33155
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	3860 SW 69th Ave Miami, FL. 33155 address on our records, enter the name of the new registered
Name of New Registered Agent:	221 AUG FALLUHA
New Registered Office Address:	Emer Flavido street address Florida City Aff Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	: performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

To: +18506176383

Page: 5 of 6

2021-08-11 22:33:47 GMT

17866363620

From: Xianny Chinchilla

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 = M $AMBR = A$	lanager uthorized Member	H210003036583	
Title	<u>Name</u>	Address	Type of Action
			Dadd
			□ □Remove
			□ Change
			□Add
			□Remove
			□Change
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ocument's effective date on the Dep	artment of State's record	ds.			
ecord specifies a delayed effective	date, but not an effective	: time, at 12:01 a.m.	on the earlier of:	(b) The 90th day	alter the
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