11/9/23, 10:20 AM

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Division of Corporations

# 210

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

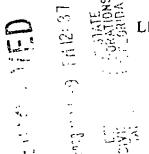
From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC

Account Number : 120200000102 : (954)998-1035 Fax Number : (954)573-1480

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

Email Address:\_\_



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 50 QUIMLAND LLC

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To: 18506176383 From: 19545731480 Date: 11/09/23 Time: 4:05 PM Page: 06/06

#### **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	50 QUIML			
SUBJE	CI:	Name of Lim	ited Liability Company	<del></del> -
The encl	lased Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		ROBBERT ARCILE LOP	PEZ	
		·	Name of Person	
		50 QUIMLAND LLC		
		·	Fim/Company	<del></del>
		3135 SW 122 AVENUE A	APT 108	
			Name of Person  JIMLAND LLC  Firm/Company  SW 122 AVENUE APT 108  Address  Address  AMAR FL 33025  City/State and Zip Code  E-mail address: (to be used for future annual report notification)	
		MIRAMAR FL 33025		
		rarcile@50quimland.com	City/State and Zip Code	
		=	to be used for future annual report not	ification)
For furth	ner information c	oncerning this matter, please c	all.	
ROBBE	ERT ARCILE LO	PEZ		
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Se	action
	Division of C		Registration Se Division of Co	
	P.O. Box 632	7	The Centre of	Tallahassee
	Tallahassee, I	し 32314	2415 N. Monro	ne Street, Suite 810

Tallahassee, FL 32303

↑ To: 18506175383 From: 19545731480 Date: 11/09/23 Time: 4:05 PM Page: 03/06

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

50 QUIMLAND LLC			
(Name of the Limit	(A Florida Limited	ny as it now appears on our records.) Jability Company)	<del> </del>
The Articles of Organization for this Limited L Florida document number L21000190216		were filed on <u>04/30/2021</u>	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic		3135 SW 122 AVE APT 108	
(Principal office address MUST BE A STREET ADDRESS)		MIRAMAR FL 33025	77
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 agent and/or the new registered office addre		address on our records, <u>enter the na</u>	ame of the new registere
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

#### 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 increly reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

Zip Code

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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>	Address	Type of Action
MGR	JOHAN CARLOS AENAS	3135 SW 122 AVE APT 108	
		MIRAMAR FL 33025	□ Remove
			□ Change
<u></u>			□Add
			🗀 Кеточе
			■ Change
			🗀 Add
			□Remove
			①Change
			□ Remove
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	t be specific and ca ock does not med	mnot be prior to et the applica	odute of filing or ble statutory fil	more than 90 da ng requiremer	(optional) ys after filing.) Pu its, this date wil	rsuant to 605,0207 (, not be listed as the
e record specifies a delayed effectived is filed.	e date, but not an	n effective tin	ne, at 12:01 a.m	, on the earlier	of: (b) The 90	ith day after the
Dated NOVEMBER 8		2023				
Jarco	· ·		- ·			

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