

L04000081852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

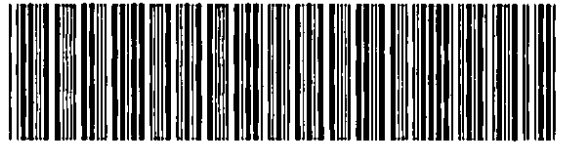
(Business Entity Name)

(Document Number)

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03/21/19--01002--002 \*\*55.00

FILED  
19 MAR 20 PM 4:03  
TALLAHASSEE, FLORIDA

MAR 20 2019  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2019

DANIEL BENITEZ  
QUADRIFOIL HOLDINGS, LLC  
765 NW 155 TERRACE  
PEMBROKE PINES, FL 33028

SUBJECT: MONDAN ENTERPRISES, LLC.  
Ref. Number: L04000081852

We have received your document for MONDAN ENTERPRISES, LLC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 219A00003498

RECEIVED

2019 MAR 20 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FL

Pembroke Pines, March 10, 2019

Florida Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, FL 32314

**RE: MONDAN Enterprises, LLC – Ref # L04000081852**

To Whom It May Concern,

We acknowledge receipt of your communication dated 02/19/2019, in which you returned the filing documents for amendment of the company's name.

Attached please find the documents you provided dully filled and signed for processing of our original request to amend the name from MONDAN Enterprises, LLC to QUADRIFOIL Holdings, LLC. for document # L04000081852.

Enclosed with this document, please find a check #78235 in the amount of \$55.00 (fifty five dollars and zero cents), as payment in full of the filing and certified copy fees. Please advise, if it has not done already, how the credit for the original \$43.75 (forty three dollars and seventy five cents) paid with the original filing will be credited to us.

Respectfully,



Daniel Benitez-Oliveira  
President, QUADRIFOIL Holdings, LLC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MONDAN ENTERPRISES, 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:

Daniel Benitez  
Name of Person  
QUADRIFOIL HOLDINGS, LLC  
Firm/Company  
765 NW 155 TERRACE  
Address  
Pembroke Pines, FL 33028  
City/State and Zip Code  
dbenitez@mabschool.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Benitez at 754 257.6660  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MONDAN ENTERPRISES, 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 02/01/2019 and assigned Florida document number L 04000081852

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

QUADRIFOIL HOLDINGS, LLC  
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)

765 NW 155 Terrace  
Pembroke Pines, FL 33028

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

/

**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:

N/A

New Registered Office Address:

Enter Florida street address  
City Florida 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>
<u>P</u>	<u>Benitez, Daniel</u>	<u>765 NW 155 Terrace</u>	<input checked="" type="checkbox"/> Add
		<u>Pembroke Pines, FL 33028</u>	<input type="checkbox"/> Remove
		<u>765 NW 155 Terrace</u>	<input type="checkbox"/> Change
<u>V.P.</u>	<u>Benitez, Monica G.</u>	<u>Pembroke Pines, FL 33028</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		<u>765 NW 155 Terrace</u>	<input type="checkbox"/> Change
<u>D</u>	<u>Benitez, Pablo Daniel</u>	<u>Pembroke Pines, FL 33028</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>D</u>	<u>Benitez, Christian</u>	<u>765 NW 155 Terrace</u>	<input checked="" type="checkbox"/> Add
	<u>Daniel</u>	<u>Pembroke Pines, FL 33028</u>	<input type="checkbox"/> Remove
<u>/</u>	<u>/</u>		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>/</u>	<u>/</u>		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

E. Effective date, if other than the date of filing: 02/01/2019 (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 03/10 2019  
[Signature]  
Signature of a member or authorized representative of a member  
Daniel Benitez  
Typed or printed name of signer