## L09000097139

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
John J Quir SUBJECT:			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John Quintero		
	<del></del>	Name of Person	
	John J Quintero, LLC		
		Firm/Company	·
	18501 Pines Blvd., Suite 20	03	
		Address	
	Pembroke Pines, FL 33029		
		City/State and Zip Code	
	john @quinterocapital.com		
	E-mail address: (	to be used for future annual report noti	ification)
For further information c	oncerning this matter, please co	all:	
John Quintero		305 815-1687	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	.7	The Centre of T	Fallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

John J Quintero, LLC (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned Florida document number \_\_\_\_\_109000097139 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 "L.L.C." 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) 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: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_\_

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
AMBR	John Quintero	18501 Pines Blvd.	
		Suite 203	□Remove
		Pembroke Pines, FL 33029	
MGR	Gloria Marin	3331 SW 192nd Ave	_
		Miramar, FL 33029	
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			■Change
			□Add
			□Remove
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If an ef Note:	tive date, if other the fective date is listed, the d If the date inserted in nent's effective date or	ate must be specif this block does	ic and cannot be p not meet the ap	plicable statutor			
ne recon	rd specifies a delayed c iled.	ffective date, bu	it not an effectiv	e time, at 12:01	a.m. on the earlie	er of: (b) The 90th	day after the
Dated	May 26		2020				
		Signature	of a member or a	uthorized represe	ntative of a member	•	
		J		-1			
	John Quintero						