

LO9000101654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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WAIT



MAIL

(Business Entity Name)

(Document Number)

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14 OCT 31 7:44 AM  
SECURITY  
FALLS CHURCH, VA

JAN 06 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2014

RAFAEL M QUILICHE  
1723 WINTER GREEN BLVD  
WINTER PARK, FL 32792

SUBJECT: GRECOEX LLC  
Ref. Number: L09000101654

FILED  
14 OCT 31 PM 4:44  
STATE  
TALLAHASSEE, FLORIDA

We have received your document for GRECOEX LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 614A00023676

RECEIVED  
15 JAN -5 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

## COVER LETTER

TO: Registration Section  
Division of Corporations

GRECOEX LLC

SUBJECT: \_\_\_\_\_  
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:

RAFAEL M QUILICHE

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

AQQOUNT VEST L.L.C

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

1723 WINTER GREEN BLVD

\_\_\_\_\_  
Address

WINTER PARK, FL 32792

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

aqqountvest@outlook.com

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

For further information concerning this matter, please call:

RAFAEL M QUILICHE

407

467-3042

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
16 OCT 31 PM 4:46  
TALLAHASSEE, FLORIDA  
REGISTRATION SECTION

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

**GRECOEX 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 10/21/2009 and assigned  
Florida document number L09000101654

This amendment is submitted to amend the following:

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

**AQQOUNT VEST L.L.C**

The new name must be distinguishable and end with 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)**

**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*

**Florida**

*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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED  
 OCT 31 1991  
 ALABAMA  
 SECRETARY OF STATE

Attest: \_\_\_\_\_

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

**DECEMBER 28 2014**

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

**RAFAEL M. QUILICHE**

Typed or printed name of signee

**Page 3 of 3**  
**Filing Fee: \$25.00**

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TALLAHASSEE, FLORIDA