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## **COVER LETTER**

TO:	Registrati Division o	on Section f Corporations
CUDAR		KTRIP OF ORLANDO LLC
SUBJE	LI:	Name of Limited Liability Company
The encl	losed Articl	es of Amendment and fee(s) are submitted for filing.
Please re	cturn all cor	respondence concerning this matter to the following:
		HERMAN SINGH CPA
		Name of Person
		HERMAN SING & ASSOCIATES INC
		Firm/Company
		600 RINEHART RD, SUITE 3118
		Address
		LAKE MARY, FL 32746
		City/State and Zip Code
		SHERRY.HSTAXES@GMAIL.COM
For furth	er informat	E-mail address: (to be used for future annual report notification) ion concerning this matter, please call:
HERMA	N SINGH	407 831-1399 at ( )
	Ni	at ()  are of Person Area Code Daytime Telephone Number
Enclosed	l is a check	for the following amount:
<b>\$</b> 25.0	00 Filing Fe	Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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**

QUIK T	RIP OF	ORL	ANDO	LLC
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(Name of the	Limited Linbillies C					
	(A Florida Limite	pany as it now appears on	our records )		_	
	i i i i i i i i i i i i i i i i i i i	pany as it now appears on Liability Company)				
The Articles of Organization for this Limit						
Samation for this Fifth	led Liability Compan	y were filed on 5/13/20	110			
Florida document number L10000051916	·		<del></del>	and a	ssigned	4
<del></del>	<del></del>				&1100	
This amendment is at the control of						
This amendment is submitted to amend the	following:					
A. If amending name, enter the new par	na af 4k . D. A					
A. If amending name, enter the new name	ne of the limited liab	ility company bere-				
The new name must be distinguished to	<del></del>					
or distinguishable and contain	the words "Limited Liabil	ity Company "at 1				
The new name must be distinguishable and contain  Enter new principal offices address if	•	in y company, the designati	ion "LLC" or the abbre	eviation "I	100	
. Parallects address, if ap	Dlicable					
(Principal office address MUST BE A STR	F					
SEA STR	EET ADDRESS)					
			<del></del> _	}	3	
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P					<del> </del>	<del>-</del> .
Enter new mailing address, if applicable:					1	•
Mailing adds No as as		<del></del>			တ	•
<u>Mailing address MAY BE A POST OFFIC</u>	E BOX)			<del></del>	- <del></del> -	
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				<del></del>	<del>-70</del>	`
				•		
If amending the party.			<del></del>		<del></del> -	-
egistered agent an	d/or registered offi	ce addman.			-	
. If amending the registered agent an egistered agent and/or the new registered	office address house	ee address on our re	cords, enter the	name o	f the	<b>.</b>
_ <del></del>	ere address here:				i the	nev
Name of New Registered Agent:	ALI TAHERI					
Tow Registered Agent:	ALI TANERI					
Now Davis 1000						
New Registered Office Address:	5301 VISTA CLU	JB RUN				
		Enter Florida street a	ddress			
	SANFORD					
		<del></del>	, Florida 32771			
D		City				
w Registered Agent's Signature, if changing		•	Zij.	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 = Aut	horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
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			□ Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00