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ZOZZ MAY 17 AM 9-48 SEÇRE YARY OF STATE

COVER LETTER

	egistration Sc ivision of Cor			•	
em neca	SICMIL, L	LC		•	
SUBJECT	:	Name of Lin	nited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	rn all correspo	ondence concerning this matter	to the following:		
		AL Quintal			
			Name of Person		
		QUINTAL APARTMENT	FINVESTMENTS, LLC		
			Firm/Company		
		PO Box 310533			
			Address		
		Miami, FL 33231			
			City/State and Zip Code		
			to be used for future annual report no	titication)	
For further	information c	oncerning this matter, please c	all:		
			at ()	ne Telephone Number	
	Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is	s a check for th	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 Address: Registration Section		Street Address: Registration Section			
Registration Section Division of Corporations		Division of Corporations			
Ρ.	O. Box 632	.7	The Centre of		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 HAY 17 AH 9:48

SICMIL, LLC

SECRETARY OF STATE TALLAHASSEE. FL

(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 Lia	bility Company	were filed on <u>2/14/2011</u>	and assigned	
Florida document number 1.11000018908	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of (the limited liab	ility company here:		
QUINTAL APARTMENT INVESTMENTS, LLC				
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applical	ble:	333 SE 2nd Ave #2000		
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33131		
Enter new mailing address, if applicable:		PO Box 310533		
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33231		
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our records, <u>er</u>	ter the name of the new registered	
Name of New Registered Agent:			trace of t	
New Registered Office Address:	333 SE 2nd Av	e #2000 Enter Florida street ac		
	Miami	("ity	, Florida 33431 Zip Code	
N D			z.p Couc	
New Registered Agent's Signature, if changing Re				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete tered agent as p egistered office	performance of my duties provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is a that the limited liability	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Rенюуе
			☐ Change
			DAdd
			□Remove
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Effective date, if other the fan effective date is listed, the	an the date of fi	ling:		(optional)	
It'an effective date is listed, the Note: If the date inserted in document's effective date of	rthis block does no	at meet the applicable:	e of filing or more than statutory filing requir	90 days after filing.) I ements, this date w	ursuant to 605.0207 ill not be listed as
ne record specifies a d The 90th day after th			effective time, a	it 12:01 a.m. oi	n the earlier of
Dated May 13th		2022			
Dateti		<u> </u>			
die	44	f a member or authorized			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee