Division of Corp

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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations JAN 1 8 2019 Fax Number : (850) 617-6383 From: Account Name : R&P ACCOUNTING AND TAXES INC Account Number : 120170000000 Phone : (305)358-1310 Fax Number : (305)503-6701 \*\*Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address siease co Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## **QUINLON INVESTMENTS LLC**

Certificate of Status	0
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TO		
COMPANY		
FAXNUMBER	18506176383	
FROM	Andres Rodriguez	
DATE	2018-01-18 18:53:29 GMT	
RE	QUINLONINVESTMENTSLLCH180000220233	

## **COVER MESSAGE**

SELHETARY OF STATE A
TALLAHASSEE, FLORIDA

FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUINLON INVEST	MENTS LLC	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Florida document number 1.11000110527	nny were filed on 09/27/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LI,C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	To the second se	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by Name of New Registered Agent:	office address on our records, entitlere:	er the name of the
New Repistered Office Address:		
	Emer Florida street address	TASS
90 <del>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </del>	City Florida	in Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compleacept the obligations of my position as registered agent theing filed to merely reflect a change in the registered off-company has been notified in writing of this change.	ete performance of my duties, and I ai as provided for in Chapter 605, F.S. C	m-jamiliar svith and Or, if this document is:
īrc	Thanging 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:

	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Luis Miguel Moran Castanon	10483 NW 70th Lane	
		Doral, FL 33178	□ Remove
			□ Change
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If amending any other information, enter cl	hange(s) bere:	(Attach add	litional sheets, ij	f necessary.)	
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Effective date, if other than the date of filing	g:		(	optional) '	5
If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not a document's effective date on the Department of S	l cannot be prior to neet the applicab	date of filing o	r more than 90 days Hing requirements	s after filings) Purse s, this date will n	iant to 605.0207 ot bedisted as
ne record specifies a delayed effective d The 90th day after the record is filed.	late, but not	an effectiv	e time, at 12:	01 a.m. on th	ne earlier of
Dated January 18	2018		A-11		
Signature of a c	nember or authori	zeo sepresenta	ment member		
	JHON J. QU	77	1	~	
	Typed or printed		;		

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