

L120000094527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

NOV 17 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2017

KATHLEEN CABRERA
15705 NW 13TH AVENUE
MIAMI GARDENS, FL 33169 US

SUBJECT: QUANTUM CREATIONS LLC
Ref. Number: L13000029517

We have received your document for QUANTUM CREATIONS 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 DOCUMENT NUMBER DOES NOT CORRESPOND WITH THE ENTITY NAME.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 817A00022495

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: USA Wholesale Suppliers LLC
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:

Kathleen Cabrera
Name of Person

USA Wholesale Suppliers LLC
Firm/Company

15705 NW 13th Avenue
~~15705 NW 13th Avenue~~
Address

Miami Garden FL 33169
~~15705 NW 13th Avenue~~
City/State and Zip Code

KathleenC@ma1.com.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Cabrera at (407) 506-3229
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
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**

USA Wholesale Suppliers 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 07/23/2017 and assigned Florida document number L12000094527.

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 "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

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STATE
OF 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Arthur Rodriguez	15705 NW 13 ave	<input checked="" type="checkbox"/> Add
		miami gardens fl 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Julia Motchulova	15705 NW 13 th ave	<input checked="" type="checkbox"/> Add
		miami gardens fl 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11-17-2017, _____

Signature of a member

Signature of a member or authorized representative of a member

Kathleen Cabrera

Typed or printed name of signer

Filing Fee: \$25.00

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U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA