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	(COVER LETTER	
TO: Registration Se Division of Cor			
QUANTIC	O ESTATES , LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and ree(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Debora Larach Baad		
		Name of Person	
		Firm/Company	
	8515 SW 139th Terrace		
		Address	
	Palmetto bay , FL 33158	City/State and Zip Code	
	debbiebaad@me.com	City/State and Zip Code	
		to be used for future annual report not	ification)
	concerning this matter, please ca		
Debora Larach Baad		786 281 7780 at ()	
Name (d'Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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/COUR Registration Secti Division of Corpo Clifton Building	on
		2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUANTICO ESTATES,LLC	the Company as it now appears on our records	
(A Florida	ty Company as it now appears on our records, Elimited Liability Company)	•
The Articles of Organization for this Limited Liability C	Company were filed on <u>08/01/2012</u>	and assigned
Torida document number L12000099195	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD)	RESS)	
		A S
Enter new mailing address, if applicable:		17 JU
		ALLARAD
		17 JUL -5
(Mailing address MAY BE A POST OFFICE BOX)		
(<u>Mailing address MAY BE A POST OFFICE BOX</u>) B. If amending the registered agent and/or regi		enter the infine of the ner
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regi		
(<u>Mailing address MAY BE A POST OFFICE BOX</u>) B. If amending the registered agent and/or regi		enter the infine of the ner
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regi registered agent and/or the new registered office add Name of New Registered Agent:		enter the infine of the ner
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regi registered agent and/or the new registered office add		enter the new
	dress here: Enter Florida street addres:	enter the new

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

Wamending 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

Title	Name	<u>Address</u>	Type of Action
MGR	Debora Larach Baad	8515 SW 139th Terrace	🖬 Add
		Palmetto Bay , FL 33158	Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			Remove
			E Change
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			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	50,
	SS
Effective date, if other than the date of filing:	(optional)
(If an effective date, if other than the date of hing,	nore than 90 days after fitting?) Pursuant to 605.0207 (3)(h g requirements, this exterwill up to listed as the
Dated	
,,,	
Signature of a member or authorized representativ	e of a member
Artic Midlan Inc. By Miguel Angel Larach , President	
lyped or printed name of signee	
r	
Page 3 of 3	

Filing Fee: \$25.00