

L14000006343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE FLORIDA

FEB 07 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **QUACH ENTERPRISE, 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:

HUE QUACH

Name of Person

QUACH ENTERPRISE, LLC

Firm/Company

MAILING ADDRESS: 18100 SW 136 ST

Address

MIAMI, FL. 33196

City/State and Zip Code

HUELYMAIL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUE QUACH

Name of Person

at **305 2839408**

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

CLERK OF COURT
TALLAHASSEE, FLORIDA

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QUACH ENTERPRISE, LLC

The Articles of Organization for this Limited Liability Company were filed on 1-13-2014 and assigned
Florida document number **L14000006343**

A. If amending name, enter the new name of the limited liability company here:

N/A

Enter new principal offices address, if applicable:

N/A (STAY THE SAME)

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A (STAY THE SAME)

(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:

(STAY THE SAME) : HUE QUACH

New Registered Office Address:

(STAY THE SAME)

Enter Florida street address

_____, Florida

Civ

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	HUE QUACH	18100 SW 136 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33196	<input type="checkbox"/> Remove
MGR	HUE QUACH	18100 SW 136 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33196	<input type="checkbox"/> Remove
AP	HUE QUACH	18100 SW 136 ST	<input type="checkbox"/> Add
		MIAMI, FL. 33196	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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MIAMI, FLORIDA

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

WE ONLY WANT TO CHANGE THE TILE OF THE MEMBER

E. Effective date, if other than the date of filing: 02/04/2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02/04, 2014



Signature of a member or authorized representative of a member

HUE QUACH, MGRM

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE FLORIDA