

L14000111376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

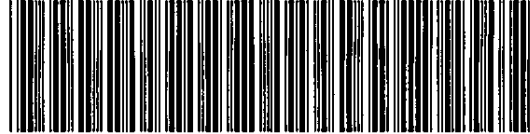
(Document Number)

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15 JUN -1 PM 4:55
SEC. OF STATE
FALLS CHURCH, VA

Amendment

JUN 15 2015

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Q24, 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:

ROBERT O. VEGA CPA

Name of Person

ROBERT O. VEGA, CPA, PA

Firm/Company

8063 OLD TRAMWAY DR

Address

MELBOURNE, FL 32940

City/State and Zip Code

HOMEVEGA@BELLSOUTH.NET

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

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15 JUN -1 PM 4:55
SEC. OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

ROBERT VEGA

305 283-1964
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

PAID PREVIOUSLY SEE ATTACHED LETTER

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2015

ROBERT VEGA CPA
ROBERT O VEGA CPA, PA
8063 OLD TRAMWAY DR
MELBOURNE, FL 32940

SUBJECT: Q24, LLC
Ref. Number: L14000111376

*RE-SENT
THANK YOU*

We have received your document for Q24, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return 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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 215A00008617

RECEIVED

15 JUN -3 AM 10: 57

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN -1 PM 4: 18

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Q24, 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 7/11/14 and assigned
Florida document number L140001111376.

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

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	ALEX SINO	One South Ocean Blvd	<input checked="" type="checkbox"/> Add
		Suite 303	<input type="checkbox"/> Remove
		Boca Raton, FL 33434	<input type="checkbox"/> Change
MGR	ROBERT O VEGA CPA PA	One South Ocean Blvd	<input type="checkbox"/> Add
		Suite 303	<input checked="" type="checkbox"/> Remove
		Boca Raton, FL 33434	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: April 1, 2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 5, 2015

Signature of a member or authorized representative of a member

Robert O. Vega CPA PA

Typed or printed name of signee

REC-15 JUN -1 PM 4:55