

L14000169462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

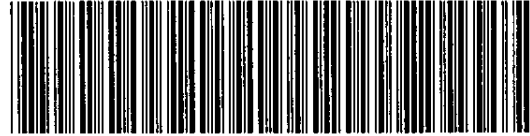
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800276161458

08/25/15--01016--015 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG 24 P 1:33

FILED

AUG 26 2015

3 MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Quail Ranch LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Hector Andara

(Contact Person)

The Quail Ranch LLC

(Firm/Company)

18225 SW 188th St

(Address)

Miami FL 33187

(City/State and Zip Code)

For further information concerning this matter, please call:

Hector Andara

407

927-8628

at ()

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**TO
ARTICLES OF ORGANIZATION
OF**

THE QUAIL RANCH 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 10/30/2014
Florida document number L14000169462

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:

Mou Pui Fung Ng

New Registered Office Address:

5247 SW 183rd Ave

Enter Florida street address

Miramar

City

Florida 33029

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

FILED
2015 AUG 24 P 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	Mou Pui Fung Ng	5247 SW 183rd Ave	<input checked="" type="checkbox"/> Add
		Miramar Fl 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ana Lorena Vargas	3701 SW 185th ave	<input type="checkbox"/> Add
		Miramar FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
200 AUG 04 PM 1:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Blank lined area for text entry.

E. Effective date, if other than the date of filing: _____ (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 August 08, 2015

Signature of a member or authorized representative of a member

Hector Andara AS HMY Group LLC

Typed or printed name of signee

2015 AUG 24 P 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED