

L15000034869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

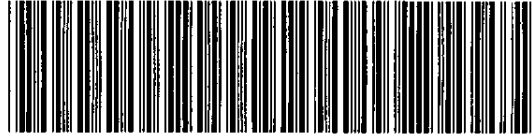
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900275840869

08/10/15--01026--025 **25.00

115 AUG 10 P 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 11 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **QUICKEN EMERGENCY TRADING 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:

MARCO REIS

Name of Person

USA TAX CORPORATION

Firm/Company

591 E SAMPLE RD

Address

POMPANO BEACH FL 33064

City/State and Zip Code

USATAX@USATAXFL.COM

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

For further information concerning this matter, please call:

MARCO REIS

Name of Person

954 788-1818

at ()

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**

QUICKEN EMERGENCY TRADING 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 02-25-2015 and assigned
Florida document number L15000034869.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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: CLEI SANTIAGO

New Registered Office Address: 1310 PARK CENTRAL BLVD S, SUITE C98

Enter Florida street address

POMPANO BEACH, Florida 33064

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|---------------------------|---|
| AMBR | FREDERICO BAGGIO | 1451 W CYPRESS CREEK RD | <input checked="" type="checkbox"/> Add |
| | | SUITE 300 FORT LAUDERDALE | <input type="checkbox"/> Remove |
| | | FL 33309 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

15 AUG 10 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

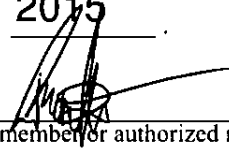
ARTICLE V, THE NAME AND ADDRESS OF PERSON(S) AUTHORIZED TO MANAGE LLC:

ALL THE AMBR NEEDS TO CHANGE THE ADDRESS FROM:

1310 PARK CENTRAL BLVD S SUITE C98 POMPANO BEACH FL 33064

TO: 1451 W. CYPRESS CREEK RD SUITE 300 FORT LAUDERDALE, FL 33309

Dated AUGUST 07TH, 2015


Signature of a member or authorized representative of a member

PAULO NETO - AMBR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

115 AUG 10 P 3:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED