

W15000106514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

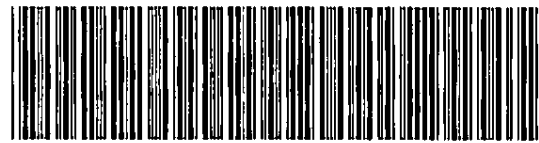
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CIT AMERICA 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:

MARIA JAVIERA QUIERO

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

7332 COLBURY AVE

\_\_\_\_\_  
Address

WINDERMERE, FL 34786

\_\_\_\_\_  
City/State and Zip Code

RQZAMORA@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA JAVIERA QUIERO

786 778-8806  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

CIT AMERICA 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 09/07/2022 and assigned Florida document number L15000106514.

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: 7332 COLBURY AVE

(Principal office address MUST BE A STREET ADDRESS) WINDERMERE, FL 34786

Enter new mailing address, if applicable: 7332 COLBURY AVE

(Mailing address MAY BE A POST OFFICE BOX) WINDERMERE, FL 34786

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**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: MARIA JAVIERA QUIJERO

New Registered Office Address: 7332 COLBURY AVE,

*Enter Florida street address*

WINDERMERE, Florida 34786

*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	EDUARDO MALDONADO	634 SAN LORENZO AVE	<input type="checkbox"/> Add
		CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA JAVIERA QUIERO	7332 COLBURY AVE	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICARDO ERNESTO QUIERO	7332 COLBURY AVE	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<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

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

THE DISTRIBUTION OF THE SHARES, PROFITS AND LOSSES OF THIS COMPANY. FROM  
THIS DATE WILL BE: MARIA JAVIERA QUIERO: 70% AND RICARDO ERNESTO QUIERO : 30%  
WHICH WILL BE VALID FOR ALL PURPOSES RELATED TO THIS COMPANY.

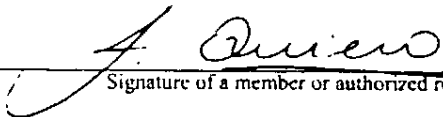
**E. Effective date, if other than the date of filing:** 09/07/2022 (optional)

*(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 SEPTEMBER 07 2022



Signature of a member or authorized representative of a member

MARIA JAVIERA QUIERO

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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