10000037607

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<u> </u>
Special Instructions to Filing Officer:	
	i





800283592818

03/25/16--01020--006 **60.00

MAR 2 8 2016

S MASON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Que VADIS REAL ESTATE 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:
DAVID N. KHAN Name of Person
Que Vadis Real Estate Firm/Company
39 Undershire Path Address
PALM Coast FL 32164
City/State and Zip Code ONKHAN 2 @ Hofmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Davi D N. KHAW at (386) 257-7666 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$25.00 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

Quo VADIS REAL E	state LLC	
Quo VADIS REAL E. (Name of the Limited Liability Compar (A Florida Limited L.)	y as it now appears on our rability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on 02/0	29/2016 and assigned
Florida document number <u>L16000027667</u> .	,	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and contain the words "Limited Liabili		
The new name must be distinguishable and contain the words "Limited Liabili		
Enter new principal offices address, if applicable:	SAME Ad	dress
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same Ma	ling Address
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		
Name of New Registered Agent:	SAML Kegis	tored Agent
New Registered Office Address:	•	
	Enter Florida street a	ddress
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre		

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

Page 1 of 3

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		No Additions on Removals	□ Add
			Remove
			Change
			Add
			Remove
			□ Change
	-		Add
			□ Remove
	•		Change
			□ Add
			□ Remove
			Change
			□ Add
			☐ Remove
		ā	Change
		1 - Fú 2 - M 2 - M 2 - M 2 - M 2 - M 2 - M	Add
		ing.	The Remove
		STATE	يب T Change

THIS	15	A NA	ne c	HANGE	= or	14.			
THE	New	Comp	any	Name	_ 15	Jy. Quo	Vadio	GROU	y u
									-
				<u> </u>		<u>.</u>			
									
	_			<u>.</u>				<u>.</u>	
		-							
		- <u> </u>							
				<u> </u>					
					<u></u>				
		han the date date must be sp			to date of fi	ling or more tha		onal) r filing.) Pu r sua	int to 605.0
e: If the da iment's eff	te inserted in ective date o	n this block d on the Departi	oes not m nent of St	eet the applicate's records	able statut	ory filing requ	irements, thi	s date will no	t be listed
_									
ecord sp ne 90th d	ecifies a c lay after t	lelayed effo the record i	ective d s filed.	ate, but no	t an effe	ctive time,	at 12:01	a.m. on the	e earlie
. 41.	ch 2	, th		0.1					
d <i>[[/[[f]</i>]]	<u>un U</u>		,	<u>1016</u> () 11				22	
	_ .	Signs	thure of a m	MKA.	Orized repre	sentative of a n	nember		
		Sign	icare of a II	emosi of auth	ouwan tebte	oemauv⊊ OI & II	icinioci	The second	Marin Mark
		_	1	, 4	,		1		è
		DA	id	V. K	WAN ed name of	Jr.		25 T	
		DAN	id	N. K.	WAN ed name of	Jr. signee		25 D 3 43	m

Filing Fee: \$25.00