# 116000069641

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	<del></del>
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2016

ANIBAL QUINTAO EXPRESS ACCOUNTING 3927 N FEDERAL HWY POMPANO BEACH, FL 33064

SUBJECT: ACTIVE STORE LLC Ref. Number: L16000069641

We have received your document for ACTIVE STORE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 816A00008623CRETARY OF STATE FLORIDA

www.sunbiz.org

# **COVER LETTER**

	on Section f Corporations		
	VE STORE LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Artic	es of Amendment and fee(s) are submitted for filing.		
Please return all co	rrespondence concerning this matter to the following:		
	ANIBAL QUINTAO		
	Name of Person	<del></del>	
	EXPRESS ACCOUTING		
	Firm/Company	_	
	3927 N FEDERAL HWY		
	Address	_	
	POMPANO BEACH, FL 33064	2016 HAY 12 SLORETARY	
	City/State and Zip Code	新	
	ANIBALQUINTAO@HOTMAIL.COM	12 કડક કડક	F.
For further informa	E-mail address: (to be used for future annual report notification) tion concerning this matter, please call:	P 4: 03	
ANIBAL QUINTA	at ()		
,	ame of Person Area Code Daytime Telephone Number	r	
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	ate of Status &	I

MAILING ADDRESS:

TO:

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

ACTIVE STORE LLC				
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)			
The Articles of Organization for this Limited Liability Company were filed or Florida document number L16000069641	04/07/2016	<del></del>	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :			
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or th	e abbrevi	ation "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)			~	
			2016	
B. If amending the registered agent and/or registered office address		HA	MAY	77
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, <u>ent</u>	171	name	of the nev
inguities a upone una, or the new registered office address here.		Pice m	ט	होंग
Name of New Registered Agent:		STA C	<del>f.</del>	<u> </u>
New Registered Office Address:		<b>J&gt;</b>	w	
Enter !.	Florida street address			
	, Florida			
Cin		7	in Coda	

## New Registered Agent's Signature, if changing Registered Agent:

ACTIVE STORE LLC

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>	Type of Action
AMBR	R & R DREAM HOMES LLC	1504 BAY RD # 1407	□ Add
		MIAMI BEACH. FL 33139	☐ Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		Add
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If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	indication of the second of t
Effact	ive date, if other than the date of filing:
lf an ef	ective 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
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	ent's effective date on the Department of State's records.
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 alm. on the earlier of
The	90th day after the record is filed.
Dated	
	( 13 - 1 - 1 -
	Signature of a member or alithorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00