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J. HARRIS

# **COVER LETTER**

`44.

SUBJECT: QUIK FLIP ENTERPRISE 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:
CARIOS M MONTEPGUDO Name of Person
QUIK FLIP ENTERPRISE LLC
4580 E 1 AVE
HIAIEAH, FL 33013  City/State and Zip Code
QUIK FLIDENTERPRISE 101 GGMAIL. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CARIOS M MONTEAGUED  at (305) 331 - 4980  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

04 15. 2016 and assigned The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number 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) <u>ත</u> 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: New Registered Office Address: Enter Florida street address Florida

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

	or removed fro	om our records:		
	MGR = Man AMBR = Aut	ager horized Member		
	Title	Name	Address	Type of Action
M	1 <u>GR</u>	CARIOS M. Monteage	00 180 W 43St	<b>De</b>
			HiAlEAH, FL 33012	🗆 Remove
				Change
M	GR	MICHELLE CUBAS	1216 NW 123St	□ Add
			NORTH MIAMI, FL 33167	Remove
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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