

L16000126975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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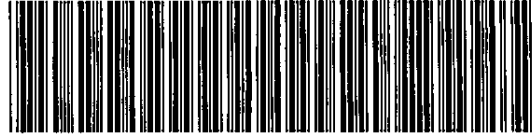
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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JUL 25 2016  
S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** T&D THE BEST QUALITY 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:

SALVADOR A DIEGUEZ  
Name of Person

---

T&D THE BEST QUALITY LLC  
Firm/Company

---

8899 SW 123 CT SUITE 204  
Address

---

MIAMI, FL 33186  
City/State and Zip Code

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ricardo@tramitax.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

SALVADOR A DIEGUEZ    305                          251-2525  
Name of Person    at (                          )    Daytime Telephone Number  
Area Code

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**

T&D THE BEST QUALITY 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 JULY 7, 2016 and assigned Florida document number L16000126975.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NOT APPLICABLE

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:

NOT APPLICABLE

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

NOT APPLICABLE

**(Mailing address MAY BE A POST OFFICE BOX)**

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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:

NOT APPLICABLE

New Registered Office Address:

NOT APPLICABLE

*Enter Florida street address*

Florida

*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          | SALVADOR A DIEGUEZ   | 8899 SW 123 CT APT 204 | <input type="checkbox"/> Add               |
|              |                      | MIAMI, FL 33186        | <input type="checkbox"/> Remove            |
|              |                      |                        | <input checked="" type="checkbox"/> Change |
| P            | SALVADOR A DIEGUEZ   | 8899 SW 123 CT APT 204 | <input checked="" type="checkbox"/> Add    |
|              |                      | MIAMI, FL 33186        | <input type="checkbox"/> Remove            |
|              |                      |                        | <input type="checkbox"/> Change            |
| VP           | TONY RODRIGUEZ MORAN | 8899 SW 123 CT APT 204 | <input checked="" type="checkbox"/> Add    |
|              |                      | MIAMI, FL 33186        | <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            |

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

NOT APPLICABLE

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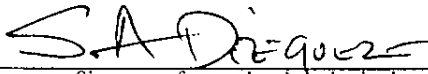
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 \_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member

SALVADOR A DIEGUEZ

Typed or printed name of signee