L17000007551

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	€#)
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THE PRINT OF CORPORATIONS OF CORPORATIONS

DEC OS 2019 CMCWAIR

COVER LETTER

TO:	Registration Sec Division of Corp			10
SUBJE	ст: <u>В</u> Ј4		ISES, LLC ited Liability Company	
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please t	return all correspor	ndence concerning this matter	to the following:	
		Noel	Quintara Name of Person	~~~
		BIQE	FITTERPRISE Firm:Company	ES, IMO
		5333	COLLINS AV	ENUE # 503
		MAMI E-mail address (BEACH FL City/State and Zip Colle / AncHheboys (to be used for future annual report north	3340 Rhotmail.com
For furt	her information co	ncerning this matter, please ea	alt:	
_&	 112 aber Name of	14 Quintan	Area Code Daytime	5358 Telephone Number
Enclose	d is a check for the	e following amount:		
\$2.5	.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)
	Registra Division P.O. Bo	NG ADDRESS; tion Section t of Corporations x 6327 (see, F1, 32314	STREET/COURT Registration Section Division of Cooper Clifton Building 2661 Executive Cer Tallahassee, FL 32.	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



1954 ENTERI- (Name of the Limited Lia (A Flo	PISES LLC bility Company as it now appears on or orda Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Florida document number <u>L170000075</u>	y Company were filed on 1160	1/2014 and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "f	Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	• /	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet 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>	Address	Type of Action
AMBR	NOEL QUINTANA	5333 COLUNS AVE	Add
		APT # 503	☐ Remove
		APT # 503 MIAMI BEACH FT	33140 Change
			D Add
			☐ Remove
			☐ Change
			🗆 Add
			Remove
			Change
			🗅 Add
			□ Remove
			🗆 Change
			D Add
			D Remove
			Change
			
			Remove
			□ Change

Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of a 90th day after the record is filed.
Dated	Mait
	Signature of a member or anthorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00