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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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TALLAHASSEE, FL

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COVER LETTER

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TO:	Registration Sec Division of Corp		•	
	313VQ LL0			
SUBJ	ECT:	Name of Limi	ited Liability Company	
The e	nclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please	: return all correspo	ndence concerning this matter	to the following:	
		VLADIMIR QUINTANA		
		313VQ LLC	Name of Person	
		3046 DEL PRADO BLVD S	Firm/Company S SUITE 2C	
		Address CAPE CORAL, FL		
		BESTREALTY2014@GMAI		
			to be used for future annual repo	rt notification)
For fi	arther information c	oncerning this matter, please c	all:	
VLA	DIMIR QUINTANA	4	239 595-59 at ()	573
	Name o	of Person		Daytime Telephone Number
Engle	seed is a check for th	he following amount:		
	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS: ration Section	STREET/Co Registration Division of C	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

313VQ LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our rec	ords.)
(A Honda Lamico L	nuonity company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/21/2017	and assigned
		
Florida document number L17000041219		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
VQ PROPERTY SOLUTIONS INC		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "	LLC" or the abbreviation "L.L.C."
	N/A	s 2
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		AS: ~ []
ar 13 If amultisables	N/A	SES 🗲 📆
Enter new mailing address, if applicable:	· -	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered o	ffice address on our rec	ords, enter the name of the nev
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
	 	
New Registered Office Address:	Enter Florida street aa	dilmos
	Enter Florida Street da	<i>201</i> e.s.s
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
		I further garee to comply with the
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is
If Cha	nging Registered Agent, Signat	ture 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
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□ Remove
			Change
			Change
		Add	
			Change
			☐ Remove
			☐ Change

, II L III	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
	04/25/2018
(It an ct <u>Note:</u>	ive date, if other than the date of filing: O4/25/3019 (optional) fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	April 25. 2019
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member AHBR OINTAIN

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Filing Fee: \$25.00