

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: Quiskaeya LLC Name of Limited Liability Company
The encl	losed Articles of Amendment and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Anacaona Garawi Name of Person
	Firm/Company
	3110 NW 88th Ame, Unit 302
	Sunvise, Fl 3335/ City/State and Zip Code  health air I for a gnail. com  E-mail address. (to be used for future annual report notification)
For fireth	E-mail address! (to be used for future annual report notification) ner information concerning this matter, please call:
<i>^</i>	AC ADMA GATAWI at (786) 586-8022  Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
<b>S</b> \$25.	00 Filing Fee

## 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

Quiskaeya, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/70000 67280</u> .	4
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	17 A
New Registered Office Address:	AS.
New Registered Office Address.	Enter Florida street address Florida
	City Sip Cople
New Registered Agent's Signature, if changing Registered Agent:	Service Control of the Control of th
I harahy account the approintment as registered agent and agr	vae to act in this canacity. I further garee to comply with the

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
CEO	Anacaona Gazawi	i3110 NW88MAVE	🗹 Add
	•	<u>Unit</u> 302	Remove
		Sunrise, FL 33351	Change
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more that  ote: If the date inserted in this block does not meet the applicable statutory filing required in the date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier (
ated March 24, 2017.	
Signature of a member or authorized representative of a member or authorized representative of a member of a membe	

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Filing Fee: \$25.00