口700073733

(Requestor's Name)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	┙

Office Use Only



900363240039

04/07/21--01018--019 **60.00

5/20/2/2

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: : : : : : : : : : : : : : : : : : :
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kevin Davies
Name of Person Kevin Quies, LLC Firm/Company
8175 Paul Buchman HWY
Plant City, FL 33565
City/State and Zip Code Dr. 911 to Sun Jen @, Smail, Com E-mail address: (to be used for future armual report notification)
For further information concerning this matter, please call:
Jenn'r Fer Rogers at (813) 244-6903 Name of Person Area Code Daytime Telephone Number
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, Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1/

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 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>	Type of Action
MBR	Jennifer Rogers	8175 Paul Buchman F	wy and
		8175 Paul Buchman F Plant City, FL 3	3565 Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□ Add
		 	□Remove
			Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change

	<u></u>
-	
Note: If t	date, if other than the date of filing:
rd is filed.	
Dated	April 5, 2021. Kui Dui Signature of a member or authorized representative of a member
	Kui Deni
	Signature of a member or authorized representative of a member