## 11700162715

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## **COVER LETTER**

TO:	Registration Sec Division of Corp				
CUBIE	QUINGAR	LLC L17000162715			
SUBJE	C1:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please r	eturn all correspon	ndence concerning this matter	to the following:		
		MYRIAM FLORES			
			Name of Person	<del>- "</del>	
		CPA ACCOUNTING AN	D TAX SERVICES		
			Firm/Company		
		1813 N DEAN ROAD SU	JITE 104		
			Address		
		ORLANDO, FLORIDA 3	22817		
		MYRIAM@CPAACCCOU	City/State and Zip Code JNTING.BIZ	SEC	
		E-mail address: (	to be used for future annual report notifi	ication)	<u> </u>
For furt	her information co	oncerning this matter, please co	all:	ARY SSET	
ANG	GELICA QUINTE		718 578-6431 at ()	بري شيم	ם כ
	Name of	Person	Area Code Daytime	22	ب د
Enclose	d is a check for th	e 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 St Certified Copy (additional copy is a	atus &

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

QUINGAR LLC			
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on ou ted Liability Company)	r records.)	<del></del>
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{07-31-20}{100}$	17	and assigned
Florida document number L17000162715			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designati	on "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
		TALL	
		CRET	
Enter new mailing address, if applicable:		ASS T	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		<u> </u>	
		었다	,
B. If amending the registered agent and/or registered	d office address on our	record <u>y enter </u>	he name of the n
registered agent and/or the new registered office address	here:		
Name of New Registered Agent:		· · ·	
New Registered Office Address:			
	Enter Florida stre	et 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>	Name	<u>Address</u>	Type of Action
MGR	FRANCIA E GARCIA	1322 VONDERAY RD, ORLAND O	<b></b>
		FL 32825	Add
			Remove
			☐ Change
			□ Add
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fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory	filing requirements, this date will not be listed
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective	ve time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
AUGUST 02 201	
12h. 0 la // 17V /	

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