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J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations	,		
A . 1	G(I)	QUE TAL JACI	KSONVILLE, LLC	
SUBJEC	CT:	Name of Limi	ted Liability Company	
				<u>:</u>
The encl	losed Articles of Amendme	nt and fee(s) are subi	mitted for filing.	: :
Please re	eturn all correspondence co	ncerning this matter	to the following:	
	LISAI	 DRA ALVAREZ G	SARCIA	. 1
			Name of Person	
	QUE 1	Į ĮAUJACKSONVILI	LE, LLC	
	-		Firm/Company	
	7595 1	BAYMEADOWS CI	RCLE W, APT 207	
	_		Address	
	JACK	 SONVILLE, FL, 322 	256	
	****	1	City/State and Zip Code	
	PRESI	_	JACKSONVILLE.COM	-2·***
		1	to be used for future annual report noti	lication)
For furtl	her information concerning	this matter, please ca	all;	
LISAN	DRA ALVAREZ GARCIA		305 297-5641 at ()	
	Name of Person		Area Code Daytim	e Telephone Number
Enclose	d is a check for the followi	ng amount:		
\$25		.00 Filing Fee & entificate 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)
	MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

NO à

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUE TAL JACKSONVILLE, LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	<u>oears on our records.)</u> ly)
he Articles of Organization for this Limited Liability Company were filed on	08/16/2017 and assigned
lorida document number L17000175055	
I	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	y here:
ne new name must be distinguishable and contain the words "Limited Liability Company," the	he designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	Prog
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	7.6
Mailing address MAY BE A POST OFFICE BOX)	(.)
. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:	on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Florida street address
Enter	1 107 Idd Sir CC Caster Col.
Enter	, Florida

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

	Authorized Person(s) authorized to from our records:	manage, enter the title, name, and addres	s of each person being add
MGR = M AMBR = A	lanager uthorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
AMBR	Ruth Del Valle Garrido Castillo	7595 Baymeadows Circle W	□ Add
		APT 207	■ Remove
		Jacksonville, FL, 32256	□ Change
			Add
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If an effective date is listed, (the date must be specific and in this block does not	d cannot be prior to date of filing omeet the applicable statutory f	r more than 90 days after fil iling requirements, this d	ing.) Pursuant to 66 ate will not be li	บร.026 sted a
Note: If the date inserter	e on the Department of	State's records.			
Note: If the date inserted document's effective dat	1				J: .=
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