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## **COVER LETTER** TO: **Registration Section Division of Corporations** Ś ONG ISLAND SPRING LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LESLIE DIAZ Name of Person BEST QUICK TAX RETURNS INC Firm/Company 320 SOUTH BUMBY AVE SUITE 10 Address ORLANDO, FL 32803 City/State and Zip Code BQITR@MSN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LESLIE DIAZ at (407 Area Code) 896-7921 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: **Registration Section Registration Section Division of Corporations Division of Corporations**

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## LONG ISLAND SPRING LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on L17000211941 and assigned Florida document number L17000211941

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new nume must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abore race (1-LC"
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 office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	Cin	Ziji 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

## MGR = Manager

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AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	MARIA M QUINDE	31-30 104TH ST	- Add
		E ELMHURST ,NY 11369	🗅 Remove
··· <b>··</b> ·			O Add
			🗆 Remove
			🗆 Add
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D. If amending any other information, enter change(s) here: tAttach additional sheets, if necessary.)

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E. Effective date, if other than the d	ate of filing:	(optional)
(The effective date must be specific, cannot the date this document is filed by the Flori	be prior to date of receipt or filed date and	l cannot be more than 90 days after
Dated MAY 05	2020	
J.A.T.	$   \mathbf{A} \cdot \mathbf{L} $	
Lana Dufo	ignature of a member or authorized terre	southtwo of a member
		semance of a memory
TILADELIO	QUINDE Typed or printed name of	

Page 3 of 3

Filing Fee: \$25.00