47000213144

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(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

TO:	Registration Se Division of Cor			
SHR	QUESUDO	S, LLC		
, OD		Name of Limi	ited Liability Company	
The o	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	se return all correspo	ndence concerning this matter	to the following:	
		DIEGO F MENDEZ BAEZ	Z	
			Name of Person	
		QUESUDOS, LLC		
			Firm/Company	
		125 NW 8 AVENUE APT	D-3	
		HALLANDALE, FL 3300	Address	
			City/State and Zip Code	
		Lrivera8891@yahoo.com		
			to be used for future annual report notif	fication)
For f	urther information c	oncerning this matter, please ca	all:	
DIE	GO F MENDEZ BA	EZ	561 573-4913	
	Name o	f Person		e Telephone Number
Encl	osed is a check for th	ne following amount:		
9 9	\$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 Status & Certified Copy (additional copy is enclosed)

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

2017 OCT 23 AKII: 44

QUESUDOS, 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 Florida document number L17000213144	were filed on October 16,2017 and assigned
This amendment is submitted to amend the following:	
amendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: aw name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." r new principal offices address, if applicable: 125 NW 8 AVENUE APT D-3 HALLANDALE BCH, FL 33009	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	125 NW 8 AVENUE APT D-3
Principal office address MUST BE A STREET ADDRESS)	HALLANDALE BCH, FL 33009
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street 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>	<u>Name</u>	Address	Type of Action
AMBR	SANDRA P ZULUAGA	20901 SAN SIMEON WAY APT 1	= Add
		MIAMI, FL 33179	Remove
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ective date, if other than the d effective date is listed, the date must	be specific and cannot be prior to	date of filing or more than 90 day	s after filing.) Pursuant to 605.029
e: If the date inserted in this bloc ument's effective date on the Dep		le statutory filing requirement	s, this date will not be listed a
amene s effective ante on the De	artificite of State 3 records.		
record specifies a delayed	effective data but not :	an effective time, at 120	01 a milion the parlier
he 90th day after the reco		in chective time, at 12.	or a.m. on the carner
OCTOBER 19	2017		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00