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K. SALY
OCT 24 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: QUESUDOS, LLC

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:

DIEGO F MENDEZ BAEZ

Name of Person

QUESUDOS, LLC

Firm/Company

125 NW 8 AVENUE APT D-3

Address

^{ex}
HALLANDALE, FL 33009

City/State and Zip Code

Lrivera8891@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO F MENDEZ BAEZ

561 573-4913
at ()

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,
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

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

HALLANDALE BCH, FL 33009

HALLANDALE BCH, FL 33009

Zip Code

Page 1 of 3

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>	<u>Type of Action</u>
AMBR	SANDRA P ZULUAGA	20901 SAN SIMEON WAY APT 1	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF DISTRICT COURT
DADE COUNTY FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated OCTOBER 19 2017

Diego F. Mendez Baer
Signature of a member or authorized representative of a member

DIEGO F MENDEZ BAEZ

Typed or printed name of signee