L17000257456

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PICK-UP WAIT MAIL
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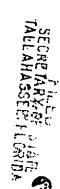
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TO: Registration Section Division of Corporations
SUBJECT: Find Tickets Quick LLC Name of Limited Liability Company
The englaced Articles of Amondment and for(a) are submitted for filling
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jose Luis Servano Name of Person
Find Tickeds Quick LCC
2985 W 80 St Apt 214
Higlerh, FL 33018 City/State and Zip Gode Secure ticket Scle @ Sma. 1. Com
City/State and Zip Code
Securetichetiscle @gma.l. Com
E-mail address: (to be used for future around report notification)
For further information concerning this matter, please call:
Sose Lws Servano at (786) 338-3252 Name of Person at (786) Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Certified Copy \$\text{Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ 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

COVER LETTER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Find Tickets Quic	ex LLC	
(Name of the Limited Linbility Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were for Florida document number <u>L17000257456</u> .	filed on $\frac{12/18/2017}{}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
N/A	Ë	<u>in</u>
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "D.C."	- K
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A 👃	B.Z.
Enter new mailing address, if applicable:	<u>-</u>	중도 공급
(Mailing address MAY BE A POST OFFICE BOX)	N/A	_ 9
B. If amending the registered agent and/or registered office acregistered agent and/or the new registered office address here:	ddress on our records, enter the name of the	new
Name of New Registered Agent:	Luis Demano	
New Registered Office Address: 2985 U	80 St Apt 214 Enter Florida street address	_
#icleah	Florida 33018 Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addrescompany has been notified in writing of this change.	rmance of my duties, and I am familiar with and ed for in Chapter 605, F.S. Or, if this document i	

If Changing Registered Agent, Signature of New Registered Agent

If amendir	ng Authorized Person(s) authorized to m d from our records:	ianage, <u>enter the</u>	title, name, and address of each person being added
MGR = ! AMBR = !	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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ve date, if other than the date o		0/2017	(optiona	l)
ective date is listed, the date must be spee If the date inserted in this block doe ent's effective date on the Departme	s not meet the applicat	date offiling or more ole statutory filing re	quirements, this date	ig.) Pursuant to 605.0. te will not be listed
ent's effective date on the Departme	ni or state s records.			
ord specifies a delayed effec	tive date, but not	an effective tim	e, at 12:01 a.m	. on the earlier
90th day after the record is	filed.			
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Signatu	re of a member or author	zed representative of a	ı member	
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Filing Fee: \$25.00