# L17000261410

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

N COOPER APR 27 2018

# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: QUA	Name of Limit	Port and be	wing LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Pedro Sur 19761 Prani Qualityteau Qualityteau	Name of Person  Pedro Joss  Firm/Company  Su 157  Address  L 3315  City/State and Zip Code  Sport Bo Gual  to be used for future angual report notific	Inding terr
For further information co	ncerning this matter, please ca		,
Pedro Juis Name of	Person &	at (186) 322 Area Code Daytime	- COST 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:

TO:

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

(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appea Liability Company)	rs on our records.)	,
The Articles of Organization for this Limited Lia		were filed on		and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company h	e <u>re</u> :	
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the	designation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applica	ıble:			
Principal office address MUST BE A STREE	Γ ADDRESS)			<u>≯</u>
				× × × × × × × × × × × × × × × × × × ×
				9
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE I	3 <i>OX</i> )			မှ
				<u> 73</u>
B. If amending the registered agent and/oregistered agent and/or the new registered off  Name of New Registered Agent:			our records, enter	the name of the no
New Registered Office Address:	9761	Sw	157 tour	
	_ Uiv	Enter Flo	rida street address , Florida	33157 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/Signat

Page 1 of 3

If amending  $\hat{A}uthorized\ Person(s)$  authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Pedro Juis H	Ading 9761	Type of Action  WinHi FL 33K
		0	□ Remove
		<del></del>	Change
			Add
		<del></del>	□ Remove
		<del></del>	Change
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esting data if athough an the data of filters	Airmal)
ective date, if other than the date of filing:	tional) ter filing.) Pursuant to 605.0207 (3) this date will not be listed as the
record specifies a delayed effective date, but not an effective time, at 12:01 he 90th day after the record is filed.	a.m. on the earlier of:
ed 4/2/2018	1
Signature of a member or authorized representative of a member	
Signature of a member of authorized representative of autember	

Page 3 of 3

Filing Fee: \$25.00