11800001570

(Requestor's Name)	
(Address)	
(Address)	
	City/State/Zip/Phone #)	
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COVER LETTER

Divisio	on of Corp	orations		
SUBJECT:	Q CLUB	709, LLC		
30D3CC1		Name of Lim	ited Liability Company	
٠				
The enclosed A	rticles of A	mendment and fee(s) are sub	mitted for filing.	
Please return ali	l correspond	dence concerning this matter	to the following:	
		GUY D. SPERDUTO		
			Name of Person	
		GUY D. SPERDUTO CPA	A PA	
			Firm/Company	
		8963 STIRLING ROAD, S	SUITE 101	
			Address	
		COOPER CITY, FLORID	A 33328	
			City/State and Zip Code	
		joeatallah@hotmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For further infor	rmation con	cerning this matter, please ca	all:	
GUY D. SPERI			at () 432-0272 Area Code Daytime	
	Name of P	Person	Area Code Daytime	Telephone Number
Enclosed is a ch	eck for the	following amount:		
■ \$25.00 Filin	ig 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

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

Q CLUB 709, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our reco Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C	ompany were filed on 01/02/2018	and assigned
Florida document number L18000001570	<u>_</u> .	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	e as (2)
		e = [
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		1
		£ 3
 If amending the registered agent and/or registered agent and/or the new registered office additional agent. 	tered office address on our record ress here:	ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	F	`lorida
•••	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
MGR	ATALLAH, NOUHAD A.	100 S. BIRCH ROAD	Add
		SUITE 2701	■ Remove
		FORT LAUDERDALE, FL 33316	Change
MGRM	ABOU ATALLAH, NOUHAD	100 S. BIRCH ROAD	■ Add
		SUITE 2701	Remove
		FORT LAUDERDALE, FL 33316	☐ Change
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			□ Remove
			☐ Change
			☐ Add
			Remove
			Change
			□ Remove
			Change

		
		
ctive date, if other than the date of fil		(optional)
	and cannot be prior to date of filing or more than 90 da of meet the applicable statutory filing requiremen	
ument's effective date on the Department o		,
ecord specifies a delayed effective	e date, but not an effective time, at 12	2:01 a.m. on the earlie
ne 90th day after the record is file		
ed January 31	2018	, p
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Signature of	Ta member of authorized representative of a member	
Signature		

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Filing Fee: \$25.00