L18000 063 583

(Re	questor's Name)
(Ad	dress)	
- (Δd	dress)	
<i>(</i> , <i>(</i>	(a) (33)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	ime)
(,	
(Do	ocument Number	7)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		9.22.21
		Th

Office Use Only



300372325323

09/10/21--01017--002 **25.00

24 esta 10 EH 9: 42

Section orporations	i.	
LC		
Name of Lir	nited Liability Company	
f Amendment and fee(s) are sul	bmitted for filing.	
ondence concerning this matter	r to the following:	
Fernando Quijano		
	Name of Person	
	Firm/Company	
141 B River Drive		
Elmwood Park NL07407	Address	
1311WOOD 1 at X, 143 (7.40)	City/State and Zip Code	
• •		notification)
	·	
	201 665.8586 at ()	
of Person		time Telephone Number
he following amount:		
☐ \$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)
ss: Section	Street Address: Registration S	
Corporations	Division of C	orporations
		f Tallahassee roe Street, Suite 810
	Pernando Quijano 141 B River Drive Elmwood Park, NJ 07407 fquijano@cheersimport.com E-mail address: a concerning this matter, please of of Person he following amount: S30.00 Filing Fee & Certificate of Status	Address Elmwood Park, NJ 07407 Elmwood Park, NJ 07407 City/State and Zip Code fquijano@cheersinport.com E-mail address: (to be used for future annual report of the following amount: S30.00 Filing Fee & Certificate of Status Certificate of Status Section Corporations Amenof Limited Liability Company Name of Person Name of Person Name of Person Pirm/Company Let's State and Zip Code fquijano@cheersinport.com E-mail address: (to be used for future annual report of the state of the sta

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

CAQN.	LLC

21 SEP 10 AH 9: 42

(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 I		were filed on September 11	and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	4101 N Hiatus Rd	
(Principal office address MUST BE A STREET ADDRESS)		Sunrise, FL 33351	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addrese	registered office :	4101 N Hiatus Rd Sunrise, FL 33351 address on our records, en	iter the name of the new regist
Name of New Registered Agent:	Fernando Quija	ino	
New Registered Office Address:	4101 N Hiatus		
	Sunrise	Enter Florida street aa	, Florida <u>33351</u>
		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 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 the 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

<u>or removed f</u>	rom our records:		
MGR = Ma AMBR = Au	inager ithorized Member	Address 21 SEP 10 AM 9: 42	
<u>Title</u>	<u>Name</u>	Address 21 SEP 10 AM 9: 42	Type of Actio
MGR	Liliana Quijano	731 N. Pine Island Rd. Plantation, Unit 302 FL 33324	_ ≣ Add
			_ □Remove
			_ 🗆 Change
			_ DAdd
			_ □Remove
			_ 🗆 Change
			_ □Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add

_ 🗆 Remove

_ □Change

remove his name as CAQN, LLC Principal Agent and to add n	ny name Fernando Quijano as the new
CAQN, LLC Principal Agent, For your review and considerati	ion. I have enclosed a copy a copy of my driver's
license, copy of my brother's Death Certificate and copy of the	: 1st amendment to his Will, in which he stated that
myself, Fernando Quijano and my sister Liliana Quijano, woul	ld be running the business.
Please feel free to contact me with any questions or concerns y	ou may have regarding this matter. I can be reached
at 201.665.8586 or via email at: fquijano@cheersimport.com	21 S
Thank you	
Fernando Quijano	
	9: 1
	No.
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date If the date inserted in this block does not meet the applicable secument's effective date on the Department of State's records.	(optional) le of filing or more than 90 days after filing.) Pursuant to 605 statutory filing requirements, this date will not be liste
sound among Court Library Long Court and Court and	it 12:01 a.m. on the earlier of: (b) The 90th day after
is filed. September 3 $\frac{2021}{2}$	

Typed or printed name of signee