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(Business Entity Name)

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

21 SEP 10 AM 9:42

Special Instructions to Filing Officer:

9.22.21  
TM

Office Use Only

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CAQN, 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:

Fernando Quijano

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

141 B River Drive

\_\_\_\_\_  
Address

Elmwood Park, NJ 07407

\_\_\_\_\_  
City/State and Zip Code

fquijano@cheersimport.com

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

For further information concerning this matter, please call:

Fernando Quijano

201 665.8586

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**TO  
ARTICLES OF ORGANIZATION  
OF**

CAQN, LLC

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(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 Liability Company were filed on September 11, 2020 and assigned Florida document number L20000274001.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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

**Enter new principal offices address, if applicable:**

4101 N Hiatus Rd

**(Principal office address MUST BE A STREET ADDRESS)**

Sunrise, FL 33351

**Enter new mailing address, if applicable:**

4101 N Hiatus Rd

**(Mailing address MAY BE A POST OFFICE BOX)**

Sunrise, FL 33351

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Fernando Quijano

New Registered Office Address:

4101 N Hiatus Rd.

*Enter Florida street address*

Sunrise

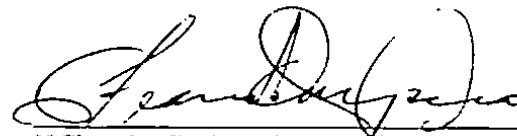
*City*

Florida 33351

*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 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**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>                                       | <u>Type of Action</u>                   |
|--------------|-----------------|--|---|
| MGR          | Liliana Quijano | 731 N. Pine Island Rd. Plantation, Unit 302 FL 33324 | <input checked="" type="checkbox"/> Add |
|              |                 |  | <input type="checkbox"/> Remove         |
|              |                 |  | <input type="checkbox"/> Change         |
|              |                 |  | <input type="checkbox"/> Add            |
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

As a result of my brother Carlos A. Quijano's death on July 14, 2021, CAQN, LLC is hereby being amended to  
remove his name as CAQN, LLC Principal Agent and to add my name Fernando Quijano as the new  
CAQN, LLC Principal Agent. For your review and consideration, 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, would be running the business.

Please feel free to contact me with any questions or concerns you may have regarding this matter. I can be reached  
at 201.665.8586 or via email at: fquijano@cheersimport.com

Thank you

Fernando Quijano


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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 3 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Fernando Quijano  
\_\_\_\_\_  
Typed or printed name of signee