## L18000 146999

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**FILED** Jan 31, 2020 08:00 AM **Secretary of State** 

> -HYMONS FEB 27 2020

## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT:		C-PCBILC.	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresponding	ondence concerning this matter t	to the following:	
	Salah F	WADALLAN	
		Name of Person	
	CRUICK CA	B PC - PCB LLC. Firm/Company	
		Firm/Company	
	1815 West	- 15th 5t Ur	nit 10_
	0	Address	
	Panama C	ty F1 3740/	<del></del>
	AMIR SA	L_SGI Q YAhco · Corr o be used for future annual report notifi	7
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	di:	
SALAH Name	AWAdAllAh of Person	at (850) 774 Area Code Daytime	-UUU 2_ Telephone Number
		·	•
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quick CAB	A Florida Limited Liability Company as it n	LC		
( <u>Name of the Limite</u> (.	d Liability Company as it n A Florida Limited Liability C	ow appears on o company)	ur records.	
The Articles of Organization for this Limited Lia		ed on <u>(0)</u>	114/2018 "	nd assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of			FILI Jan 31, 2020	08:00 AM
The new name must be distinguishable and contain the wo	rds "Limited Liability Comp	any," the designa	tion "LLC" or the abbrevia	non Jalace
Enter new principal offices address, if applica			·····	
(Principal office address MUST BE A STREET	ADDRESS)			
				<u> </u>
Enter new mailing address, if applicable:	<del></del>			
(Mailing address MAY BE A POST OFFICE B	<u></u>			
B. If amending the registered agent and/or reagent and/or the new registered office address		on our record	s, enter the name of t	he new registered
Name of New Registered Agent:	SALAH	A An	JADALLAH	·
New Registered Office Address:				
		Enter Florida str	eet address	
	City		, Florida 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 **Type of Action** Address Name Title \_ □ Add □ Remove \_\_\_\_\_ □ Add FILEDove Jan 31, 2020 08:00 AM Secretary of State \_\_\_\_\_ Change \_\_\_ □Add \_\_\_\_ □Remove Change \_\_ □Add □Remove Change □Add □Remove Change

Jan 31, 2020 08:00
Secretary of Sta
ctive date, if other than the date of filing:

Filing Fee: \$25.00