

L18000159577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR 05 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QU 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:

MARIA T OVALLES
Name of Person

QU. LLC
Firm/Company

92 SW 3ST UNIT 4111
Address

MIAMI FL 33130
City/State and Zip Code

mariteovalles16@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA OVALLES at (786) 6305906
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Qu LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	HUMBERTO MEZA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		PO. Box 10946 MIAMI FL 33101	<input checked="" type="checkbox"/> Change
MGR	MARIA WALLES		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		PO. Box 10946 MIAMI FL 33101	<input checked="" type="checkbox"/> Change
MGR	HUMBERTO MEZA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5% only	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dear Sir/Mrs,

We like to request from your office make the changes in our company.

1) Kindly change our principal address from 92 SW 35th unit 4111 Miami FL 33130 to

Po Box 10946 Miami FL 33101
(10946)

2) Kindly change our percentage in the Company from 50% MARIA GUALES 50% HUMBERTO MEZA to 95% MARIA GUALES and 5% HUMBERTO MEZA.

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)(b)

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 03/21, 2019.


Signature of a member or authorized representative of a member

MARIA TEREZA

GUALES

HUMBERTO MEZA

Typed or printed name of signee