# 118000188578

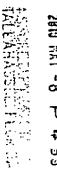
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500329028635

U5/U8/19--010U9--022 \*\*25.00





T. LETTIELEK

# **COVER LETTER**

TO:	Registration Sec Division of Corp					
cum t		xi & Travel, LLC				
SUBJECT:Name of Limited Liability Company						
The er	nclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.			
Please	e return all correspo	ndence concerning this matter t	o the following:			
		Melyssa Caballero				
		Cubiche Taxi & Travel, LL	Name of Person			
		2352 South St, Apt B	Firm/Company	<del></del>		
		Fort Myers, Florida, 33901	Address			
		melyssacarrasco@gmail.cor	City/State and Zip Code n			
			o be used for future annual report notifi	ication)		
For fu	irther information co	oncerning this matter, please ca	ill:			
Mely:	ssa Caballero		786 955-7086 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclo	sed is a check for th	ne following amount:				
<b>≥</b> s:	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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations Clifton Building

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cubiche Taxi & Travel, LLC

company has been notified in writing of this change.



(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	y were filed on 08/07/2018 2019 MAY -8 and assign	h <b>e</b> d
Florida document number L18000188578	MELLAHASSEE FLORID	<u>.</u> .
This amendment is submitted to amend the following:	A PARTY LEWIS	K"
A. If amending name, enter the new name of the limited liab	oility company here:	
The Quiet Eye LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C" or the abbreviation "L.L.C	C."
Enter new principal offices address, if applicable:	2352 South St Apt B	
(Principal office address MUST BE A STREET ADDRESS)		
	Fort Myers, Fl, 33901	
Enter new mailing address, if applicable:	2352 South St	
(Mailing address MAY BE A POST OFFICE BOX)	Apt B	
	Fort Myers, Fl. 33901	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		the ne
	, Florida	
<del></del>	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	e performance of my duties, and I am familiar with a provided for in Chapter 605, F.S. Or, if this docum	and ient is

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>	Name	Address	Type of Action
			Add
			☐ Remove
			□ Change
			D Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
		·	Change
			□ Add
			☐ Remove
			Change
			□ Remove
			☐ Change

(If an et Note:	tive date, if other than the date of filing:
the re ) The	cord specifies a delayed effective date, but not an effective tone, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	May 3°d . 2019.
	All la l
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00