## L18000235920

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO:

	gistration Se vision of Cor		
cup ir car	Q Realty L	LC	
SUBJECT:		Name of Lim	nited Liability Company
The enclosed	d Articles of	Amendment and fec(s) are sub	omitted for filing.
Please return	n all correspo	ndence concerning this matter	to the following:
		Zandra Quintana	
			Name of Person
			Firm/Company
		308 Whisper Rock Dr.	
			Address
		Ponte Vedra FL 32081	
			City/State and Zip Code
		zandra.quintana@gmail.cor	m
For further i	nformation c	E-mail address: ( oncerning this matter, please c	City/State and Zip Code  m (to be used for future annual report notification)  all:
Zandra Quir	ntana		904 772-5415 No Area Code Daytime Telephone Number Fig. 70
	Name o	f Person	Area Code Daytime Telephone Number 1 1757 N
Enclosed is	a check for th	ne following amount:	
<b>■</b> \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration Section
	-	orporations	Division of Corporations
P.0	D. Box 632	7	The Centre of Tallahassee
Та	llahassee, I	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Q Realty LLC	
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp.	pany were filed on October 04, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Q Realty Florida LLC	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	308 Whisper Rock Dr. Ponte Vedra, FL 32081
Principal office address MUST BE A STREET ADDRESS	<u>s</u>
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	308 Whisper Rock Dr. Ponte Vedra, FL 22081
3. If amending the registered agent and/or registered off	lice address on our records, enter the name of the new register
gent and/or the new registered office address here:	$\frac{1}{2}$
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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 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>	Type of Action
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Tective date, if other than the date an effective date is listed, the date must be sp	of filing:ecific and cannot be prior to date of fili	ng or more than 90 days after	t <b>ional)</b> er filing.) Pursuant to 605.020
ote: If the date inserted in this block document's effective date on the Departr	oes not meet the applicable statutor	y filing requirements, th	is date will not be listed a
·			
ecord specifies a delayed effective date is filed.	, but not an effective time, at 12:01	a.m. on the earlier of: (	b) The 90th day after th
August 12,	2020		

Filing Fee: \$25.00

Typed or printed name of signee