

118000287521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

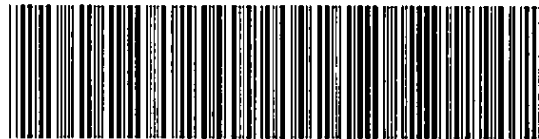
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FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
19 MAR 25 PM 2:54

Amend

MAR 27 2019

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: QBIQ WALL CONCEPTS, LLC. Officer change possision

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:

ARSAK J ARU

Name of Person

Firm/Company

296 NW 164TH AVE

Address

PEMBROKE PINES, FL. 33028

City/State and Zip Code

AJARU@EMAIL.COM

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

For further information concerning this matter, please call:

ARSAK J ARU

954

558-1883

Name of Person

at (_____) _____

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAR 25 PM 2:56



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2019

ARSAK J ARU
296 NW 164TH AVE
PEMBROKE PINES, FL 33028

SUBJECT: QBIQ WALL CONCEPTS, LLC
Ref. Number: L18000287521

We have received your document for QBIQ WALL CONCEPTS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 719A00005447

RECEIVED

2019 MAR 25 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FL

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> |
|--------------|--------------------|--------------------------|--|
| MM | QBIQ HOLDING, B.V. | 15800 PINES BLVD. | <input type="checkbox"/> Add |
| | | SUITE 3118 | <input checked="" type="checkbox"/> Remove |
| | | PEMBROKE PINES, FL 33027 | <input type="checkbox"/> Change |
| MM | VAN VELSEN, MICHEL | 15800 PINES BLVD. | <input checked="" type="checkbox"/> Add |
| | | SUITE 3118 | <input type="checkbox"/> Remove |
| | | PEMBROKE PINES, FL 33027 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated February 28th, 2019

Typed or printed name of signee