L19000025823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/19/19

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2019

QUYNH TRAN
6200 49TH ST N
PINELLAS PARK, FL 33781

SUBJECT: QT19PA RIVIERA LLC
Ref. Number: L19000025823

We have received your document for QT19PA RIVIERA LLC and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 619A00007243

RECEIVED
APR 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QT19PA RIVIERA 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:

QUYNH TRAN
Name of Person

Firm/Company

6200 49TH STREET NORTH.
Address

PINELLAS PARK, FL. 33781
City/State and Zip Code

INFO@QTCONSTRUCTION.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

QUYNH TRAN at (727) 423 8483
Name of Person — 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

QT19PA RIVIERA LLC

(Name of the Limited Liability Company as it now appears on its records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/24/2019 and assigned Florida document number L19000025823.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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B. If amending the registered agent and/or registered office address, or both, enter the name of the new registered agent and/or the new registered office address, or both:

Name of New Registered Agent: N/A

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City *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

Title	Name	Address	Type of Action
MBR	FRITZ, DUANE	15702 31ST STREET EAST, PALMETTO, FL 34219	☐ Add ■ Remove ☐ Change
MGR	TRAN, QUYNH	6200 49TH ST N. PINELLAS PARK, FL 33781	☐ Add ■ Remove ☐ Change
MGR	Q.S. INVESTMENTS, INC.	6200 49TH ST N. PINELLAS PARK, FL 33781	■ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

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

N/A

FILED

19 APR 17 PM 5: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING DATE

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 N/A ______________, ________.

____
Signature of a member or authorized representative of a member

QUYNH TRAN
____
Typed or printed name of signee

Filing Fee: $25.00