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COVER LETTER



Division of Corporations Laura Barcelo LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Eva Lynn Hernandez Name of Person Quantum Busines. Inlutions LLC 10770 NW 66th Street Apt 509 Address Doral FL 33178 City/State and Zip Code lynn@quantumbusinessonline.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eva Lynn Hernandez Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy ☑ \$25 Filing Fee

INHS18 (2/14)

Registration Section

TO:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laura Barcelo LLC		ur records)
(Name of the Limit	ed Liability Company as it now appears on o (A Florida Limited Liability Company)	ur i ccorus.
The Articles of Organization for this Limited Li Florida document number	ability Company were filed on 1/25/20	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the design:	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on ou	1991
Name of New Registered Agent:	Quantum Business Solutions LLC	8
New Registered Office Address:	10770 NW 66th Street Apt 509	
	Enter Florida s	
	Doral City	, Florida ³³¹⁷⁸ 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 to 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maria L Sanchez	12240 NW 17 Place	
		Miami FL 33167	_ ■ Remove
MGM	Laura Barcelo	12240 NW 17 Place	Change
		Miami FL 33167	
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an effective date is liste	ed, the date must be specific and corted in this block does not me	annot be prior to date of filir	ng or more than 90 days after f	iling.) Pursuant to 605.020
locument's effective	date on the Department of Sta	ite's records.	y ming requirements, mis	and will hot be histor i
	s a delayed effective da ter the record is filed.	te, but not an effec	tive time, at 12:01 a.	m. on the earlier of
June 27		2019		
	- Simpoture of a mi	ember or authorized represe	entative of a member	· · · · · · · · · · · · · · · · · · ·

Page 3 of 3

Filing Fee: \$25.00