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(Document Number)

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2019 MAR -1 PM 1:02
STATION 100000

Amend

MAR 08 2019

ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AQR HIALEAH, 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:

PATRICIA P RHINE

Name of Person

AQR KEY WEST

Firm/Company

5409 OVERSEAS HWY SUITE 382

Address

MARATHON FL 33050

City/State and Zip Code

SONICMIAMIGARDENS@GMAIL.COM

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

For further information concerning this matter, please call:

PATRICIA P RHINE

305

451-0561

at (_____) _____

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type o</u>
AMBR	ATLANTIC QSR GROUP, LLC		<input type="checkbox"/> Add
		5409 OVERSEAS HWY #382 MARATHON FL 33050	<input checked="" type="checkbox"/> Rem
			<input type="checkbox"/> Char
AMBR	GMP QSR INVESTMENTS, LLC		<input type="checkbox"/> Add
		5409 OVERSEAS HWY #382 MARATHON, FL 33050	<input checked="" type="checkbox"/> Remo
			<input type="checkbox"/> Change
AMBR	SMOOTH SEAS HOLDINGS LLC	1570 EASTWARD HO LN MARATHON FL 33050	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: 02-19-2019 (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 605.02

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 19th day of February 2019

Ann P. Wenzel
Signature of a member or authorized

Signature of a member or authorized representative of a member

ANDREW P. WENDT

Typed or printed name of signee