# 119 0000 59299

(Re	equestor's Name)	)
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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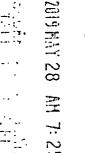




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RECEIVED MAY 2.8 2019



R. WEITE

## COVER LETTER

	ntion Section of Corporations		•
SUBJECT:	Flon da Que	auty Interior ted Liability Company	ors LLC.
The enclosed Arti	icles of Amendment and fee(s) are subn	nitted for filing.	
Please return all c	correspondence concerning this matter t	o the following:	
	Emilio	Daniel AG	ulis VIVILS
	Florida	Rame of Person Quality in	vas vivas steriors LLC
		Hablow S	
		+ Lucie FL,	34953
	Emilio 2 E-mail address: (to	City/State and Zip Code 2169 2 9 m 6 be used for future annual report no	ilL. CONT
For further inform	nation concerning this matter, please ca		
Emil	10 D, A GUES VIVO	st ( <u>454)</u> <u>493</u> Area Code Daytin	-6845 ne Telephone Number
	ck for the following amount:		
<b>4</b> , \$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)

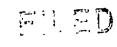
MAILING ADDRESS:

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



Flon da	- Quuly	ty Inter	1085LL	3 AM 7: 25
ž.) — — — ž.	Florida Limited Liabi	lity Company)		27 <b>2</b> )/14
The Articles of Organization for this Limited Liab		re filed on Mar	ch 01,201	<u>9</u> and assigned
Florida document number <u>L 190000 59</u>	<u> 299</u> .			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability	company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability C	Company," the design	ation "ELC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	<u>ADDRESS)</u> _			
	_			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	OX) _			
	_			
B. If amending the registered agent and/or registered agent and/or the new registered office	Mark Committee C	address on our	r records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	<del></del>			
New Registered Office Address:		Enter Florida si	troot inlikross	
		Lanyi i masaa si		
		City	Florida	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, <u>enter the title, name, and address of each person\_being addor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mgr	Emilio Daniel AGuas	VIVAS 3837 SW Hablowst	<b>X</b> Add
,		Port Saint Lucie FL. 349:	53 <sub>0 Remove</sub>
			Change
			□ Add
			Remove
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11 31	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
(If an e Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	may 13,2019
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Emilio AGUASVIVAS Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00