119000103083

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Či	ty/State/Zip/Phon	e #)
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(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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08/07/19--01024--008 **20.00

2019 AUS - 7 PH 3

R. WHITE AUG 07 2019

COVER LETTER-

TO:

	istration Se ision of Cor			
oud novem.	QUINTER	O'S INVESTMENTS LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		JULISSA ROSADO		
		DCM SERVICES CENTE	Name of Person R INC	
		2529 W BUSCH BLVD SI	Firm/Company JUTE 1000	
		TAMPA, FLORIDA 33618	Address	
		DCMSERVICESCENTER(City/State and Zip Code	
			to be used for future annual report	notification)
For further ir	iformation c	oncerning this matter, please ca	all:	
JULISSA RO			813 990-8630 at ()	·
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, F1, 32314	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive	rporations g

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION,

OF

QUINTERO'S INVESTMENTS LLC

2019 NIG -7 PH 3: 50

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar	by were filed on $\frac{04-15-2}{1}$	019 and assigned
Florida document number L19000103083		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	hility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		records, <u>enter the name of the ne</u>
New Registered Office Address:	Enter Florida s	reet address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my (s provided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JUDITH GUTIERREZ ARRIOLA	624 24TH AVENUE	
			& Add
		RUSKIN, FLORIDA 33570	
			Remove
			Change
	AZAEL QUINTERO PEREZ SR	624 24TH AVENUE	Change
AMBR			Add
		RUSKIN, FLORIDA 33570	
			□ Remove
			■ Change
			· · · · · · · · · · · · · · · · · · ·
			Remove
			_
		.	Change
· <u> </u>			
			Remove
			Change
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Effecti	ve date, if other than the date of filing: (optional)
(If an effe Note:	ve date, if other than the date of filing:
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	dely 22 . 2019.
	Azael Contaro Perez SR. Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00