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Office Use Only



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# **COVER LETTER**

то:	Registration Secti Division of Corpo			
SUBJEC	ጉጉ	ARQ LLC		
SOBJEC	· * ·		d Liability Company	
The encl	osed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please re	turn all corresponde	ence concerning this matter to	the following:	
		Richard	Quintero Name of Person	
		AR	G LLC Firm/Company	
		4362 NW	92nd Terrace	2
		Coral Spi	ings, Fl 3306 City/State and Zip Code afh@gmail. Co be used for future annual report notifica	25
	-	Vanessah E-mail address: (to	afh@ amail. C be used for future annual report notifica	UM)
For furth	er information conc	erning this matter, please call		
<u> Vi</u>	anessa (	Duintero	at ( <u>305</u> ) <u>49190</u> Area Code Daytime T	32
	Name of Pe	rson	Area Code Daytime T	elephone Number
Enclosed	is a check for the fo	ollowing amount:		
<b>z</b> \$25.0	00 Filing Fee 1	□ \$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

ARQ LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L190001074576</u> .	y were filed on 41919 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "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 BOX)	
	office address on our records, enter the name of the new
registered agent and/or the new registered office address her	<b>EE:</b> 2019,
Name of New Registered Agent:	Woy 7
New Registered Office Address:	22
	Enter Florida street address
	City Zin 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 **Address** Title Name **Type of Action** Vanessa Quintero 4302 NW 92nd terr plado Coral Springs, Fl 33065 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add

☐ Remove

\_□ Change

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Note:	ive date, if other than the date of filing:
e red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated	November 18th. 2019
	7
	Signature of a member or authorized representative of a member
	Richard Quintero  Typed or printed name of signee

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Filing Fee: \$25.00