## L20 000099620

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Consideration to Filipp Officer
Special Instructions to Filing Officer:





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O SIMMONS APR 28 2021

## **COVER LETTER**

TG:	Registration Division of (	n Section Corporations	
	QUAR	ANTINE LOUNGE, LLC	÷ &
SUBJE	СТ:		<u> </u>
		Name of Lim	nited Liability Company
The end	closed Articles	s of Amendment and fee(s) are sub	omitted for filing.
Please r	eturn all corre	espondence concerning this matter	to the following:
		DARLENE R. GIMBLE,	ESQ.
			Name of Person
		GIMBLE LAW, P.A.	
		200 SOUTH ANDREWS	Firm/Company
		200 SOUTH ANDREWS	AV BNOB, #300
			Address
		FORT LAUDERDALE, F	L 33301
		DGIMBLE@GIMBLELAV	City/State and Zip Code W.COM
		E-mail address: (	(to be used for future annual report notification)
For furt	her informatio	on concerning this matter, please c	all·
	ENE R. GIME		954 351-7474
			at ( · · )
	Nan	ne of Person	Area Code Daytime Telephone Number
Enclose	ed is a check fo	or the following amount:	:
≡ \$23	5.00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	P.O. Box (	on Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUARANTINE LOUNGE, LLC 2021 HAR -1, AH 7: 50

(Name of the Limited Liability (A Florida I	Company as it now appears on our records. Limited Liability Company)	) ]
The Articles of Organization for this Limited Liability Co Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Q19 FASHION HOUSE, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	<u> </u>
B. If amending the registered agent and/or registered	office address on our records, enter t	he name of the new register
agent and/or the new registered office address here:	, <u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
N D	•	zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	implete performance of my duties, and ent as provided for in Chapter 605, F	d I am familiar with and S.S. Or, if this document is
		!
	If Changing Registered Agent, Signature of	New Registered Agent

MGR = M			
AMBR = A	authorized Member	e e e e e e e e e e e e e e e e e e e	
<u>Title</u>	<u>Name</u>	Address 2921 MAR -4 AH 7:5	Type of Action
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Effective date, if other than the date of filing:  (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 605.02074.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ti document's effective date on the Department of State's records.  the record specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day after the cord is filed.  Dated \( \textstyle{OZ} - \textstyle{OZ}		2021 MAR -4 AM 7: 50
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