## L20 000173224

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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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## **COVER LETTER**

TO:			e e e e e e e e e e e e e e e e e e e	•
cup it			, <b>-</b> *-	
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		DESHONTAY MOBLEY		
	Division of Corporations  OUEST FINANCE SERVICES, LLC.  Name of Limited Liability Company  c enclosed Articles of Amendment and feets) are submitted for filing.  asser eturn all correspondence concerning this matter to the following:  DESHONTAY MOBLEY  Name of Person  Firm/Company  14836 NE 2ND AVE  Address  MIAMI, FL 33161  City/State and Zip Code  OFINANCESERVICES@GMAIL.COM  E-mail address (to be used for future annual report notification)  r further information concerning this matter, please call:  ESHONTAY MOBLEY  Name of Person  Area Code  Daytime Telephone Number  closed is a check for the following amount:  F \$25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Mailing Address:  Registration Section  Street Address:  Registration Section			
			Firm/Company	
		14836 NE 2ND AVE		
			Address	
		MIAMI, FL 33161		
			City/State and Zip Code	·
		<del>-</del>		The state of the s
For furt	her information c			ncation)
DESHONTAY MOBLEY				
	Name o	f Person		e Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registration 5	Section	Registration Se	
Division of Corporations			Division of Cor	porations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5

QUEST FINANCE SERVICES, LLC.	ت ج				
(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 Company were filed on $\frac{06/22/2020}{\text{Elorida document number}}$	and assigned				
This amendment is submitted to amend the following:	ယ				
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	e 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)					
D. If we will get the assistance against an don required affice address on our records out on the n	ama af the new register				
	ame of the new register				
Name of New Registered Agent:					
New Revistered Office Address:					
Enter Florida street address					
, Florida					
City	Zip Code				
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".  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]  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florido street address   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 provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. (being filed to merely reflect a change in the registered office address, I hereby confirm that the	m familiar with and Or, if this document is				

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

<u>Title</u>	Name	Address	Type of Action
AMBR	DESHONTAY MOBLEY	14836 NE 2ND AVE MIAMI FL 33161	<b>≘</b> Add
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			□Change
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ective date, if other than the d	ate of filing:		(or	otional)	
ective date, if other than the d reflective date is listed, the date must be te: If the date inserted in this block	e specific and cannot be	prior to date of tiling	or more than 90 days a	ther filing.) Pursuant to 6	.05.0201
te: If the date inserted in this bloc cument's effective date on the Dep			ining requirements.	ins date will not be if	isteu as
ecord specifies a delayed effective	date, but not an effect	ive time, at 12:01 a	m, on the earlier of:	(b) The 90th day af	fter the
is filed.					
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ted JULY IST	ignature of a member of	anthorized represents	ntive of a member		

Filing Fee: \$25.00