

h20000315801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

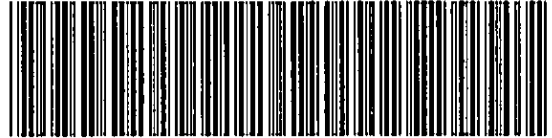
(Business Entity Name)

(Document Number)

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FILED
2022 MAY 27 PM 5:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

AUG 3 2022
S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CQ FORESIGHT VALUE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDRES HURTADO

Name of Person

PRODEZK INC

Firm/Company

848 BRICKELL AVE STE 950

Address

MIAMI, FL 33131

City/State and Zip Code

INFO@PRODEZK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRES HURTADO

+1 +17869779421

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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**

CQ FORESIGHT VALUE LLC

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

FILED
2022 MAY 27 PM 5:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/05/2020 and assigned
Florida document number L20000315801.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BOTSCH USA LLC

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:

14354 96TH TER

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33186

Enter new mailing address, if applicable:

848 BRICKELL AVE

(Mailing address MAY BE A POST OFFICE BOX)

STE 950

MIAMI, FL 33131

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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, 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>	<u>Type of Action</u>
MGR	MAGDIELA FELISA CORNEJO ARELLANO	848 BRICKELL AVE	<input type="checkbox"/> Add
		STE 950	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Change
MGR	CHRISTIAN ITALO QUEZADA PEREIRA	848 BRICKELL AVE	<input type="checkbox"/> Add
		STE 950	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 21ST

Signature of a member of authorized repres

CHRISTIAN I QUEZADA PEREIRA, MGR

Typed or printed name of signee

TALLAHASSEE, FLORIDA

2022 MAY 27 PM 5:26

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