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COVER LETTER

TO: Registration Section Division of Corporations

QUINTANA AUTO MULTI SERVICES LLC

SUBJECT: ___

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 PLASENCIA QUINTANA

Name of Person

QUINTANA AUTO MULTI SERVICES LLC

Firm/Company

11149 SW 7 TERRACE

Address

MIAMI, FL 33174

City/State and Zip Code

ANDRESPLASENCIA19@GMAIL.COM

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

For further information concerning this matter, please call:

ANDRES PLASENCIA QUINTANA 786 295-1379 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF OF QUINTANA AUTO MULTI SERVICES LLC QUINTANA AUTO MULTI SERVICES LLC (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 11/05/2020.1 27 STATE and assigned Florida document number L20000351750 11/05/2020.1 27 STATE and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company." the designation "LLC." or the abbreviation "LLC." Enter new principal offices address, if applicable: 28264 SW 133RD AVE (Principal office address, if applicable: 28264 SW 133RD AVE (Mailing address, MAY BE A POST OFFICE BOX) 28264 SW 133RD AVE	ARTICLES OF	
OF ID QUINTANA AUTO MULTI SERVICES LLC <u>3621 HOV - 1 AM 7: 25</u> (Name of the Limited Liability Company as it now appears on our records.) (A Plorida Limited Liability Company) IV S NATE The Articles of Organization for this Limited Liability Company were filed on <u>11/05/2020.1.1.1.2EE.FL</u> and assigned Florida document number <u>L20000351750</u> This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company.</u> " the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: <u>28264 SW 133RD AVE</u> (Principal office address, if applicable: <u>28264 SW 133RD AVE</u> HOMESTEAD, FL 33033 <u>28264 SW 133RD AVE</u>		
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Enter new mailing address, it applicable:		
(Mailing address MAY BE A POST OFFICE BOX) HOMESTEAD, FL 33033	Enter new mailing address, if applicable:	·····
	(Mailing address MAY BE A POST OFFICE BOX)	HOMESTEAD, FL 33033
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u> :		address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: ANDRES PLASENCIA QUINTANA	Name of New Registered Agent: ANDRES PLA	ASENCIA QUINTANA

New Registered Office Address:	28264 SW 133RD AVE	
	Enter 1	Florida street address
	HOMESTEAD	, Florida ³³⁰³³
	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

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Title	Name	Address	Type of Action
MGR	YORDANIA ARGUELLES LEON	11149 SW 7 TERRACE	□Add
		MIAMI, FL 33174	Remove
			🖸 Add
			🗆 Remove
			□Change
			⊡Add
			🗆 Remove
			🗆 Add
			🖸 Remove
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change

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

N/A						
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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) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

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.

Mary Placence Dunjana

document's effective date on the Department of State's records.

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