Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000414018 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

-		
7	\sim	٠

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Phone Fax Number

: (305)675-5944

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. **

Email	Address	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUINT UNIT 11 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

C. BRUMBLEY UEC 12 2022

Electronic Filing Menu

Corporate Filing Menu

Help

PARTY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quint Unit 11, LLC

(Name of the Limited Liability Compa (A Ploride Limited I	ny as it now appean Jability Company)	s on our-records.	
The Articles of Organization for this Limited Liability Company Florida document number L20000384235	were filed on	12-16-2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	re:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the d	esignation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	2820 N	orth Ocean Dr ve Holi	ywood FL 33019
(Principal office address MUST BE A STREET ADDRESS)			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	28201	North Ocean Drive Hol	lywood FL 33019
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r		e of the new register
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	3785 NW 82nd A	ve Suite 304 rida street addrest	
	_		33167
	Civ	, 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 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

Title	Name	Address	Type of Action
MGR	JQ Group, LLC		
			<u>i</u> ⊠Remove
			Change
MGR	Mauricio Luna		ÖAdd
			Change
MGR	Brian Cooper		∆ Add
			□Remove
			□Remove
			☐ Change
			□Add
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	□Remove	
		Change	
<del></del>	10 U.S. 10 U.S		□Add
			ERemove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
-	
-	
-	
•	
-	
-	
_	
-	
_	
lfan eff <u>Note:</u>	ective date, if other than the date of filing:
recon d is fil	dispecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ed.
Dated	12-8-2022
	Signature of a member or authorized representative of a member
	·

Filing Fee: \$25.00