

L21000106094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

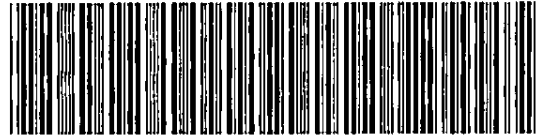
(Document Number)

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RECEIVED

2021 JUL 27 AM 9:32

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2021

JHONY VILSAINT
426 N. 14TH AVENUE
ARCADIA, FL 34266

SUBJECT: QUAD EXPRESS LLC
Ref. Number: L21000106094

We have received your document for QUAD EXPRESS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 921A00015959

RECEIVED
JUL 27 AM 11:24
FD



RECEIVED

2021 JUL 12 PM 1:38

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2021

JHONY VILSAINT
426 N. 14TH AVENUE
ARCADIA, FL 34266

SUBJECT: QUAD EXPRESS LLC
Ref. Number: L21000106094

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The form you submitted is for a FLORIDA LLP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 221A00010292

RECEIVED
JUL 12 2021
PM 1:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quad Express 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:

Jhony Vilsaint
Name of Person

Quad Express LLC
Firm/Company

426 N 14th Ave
Address

Arcadia, FL 34266
City/State and Zip Code

Quadexpress21@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jhony or Amber Vilsaint at (863) 444-0669
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)

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

APR 20

11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Quad Express 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:

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Name of Person

Quad Express LLC
Firm/Company

426 N 14th Ave
Address

Arcadia, FL 34266
City/State and Zip Code

Quadexpress21@gmail.com
E-mail address: (to be used for future annual report notification)

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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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Quad Express 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 March 4, 2021 and assigned Florida document number L21000106094.

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 "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)

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:

Amberly Vilsaint

New Registered Office Address:

426 N 14th Ave

Enter Florida street address

Arcadia

City

Florida

39266

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.

Amberly Vilsaint
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>
<u>P</u> (President)	<u>Jhony Vilsaint</u>	<u>426 N 14th Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Arcadia FL 34126</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change ^(D)
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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APR 27 4:11:24 PM
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

On the previous page this Company is needing to add Jhony Vilsaint as the President of the company.

2021
AUG
24

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 7/17/2021

Amberly Vilsaint
Signature of a member or authorized representative of a member

Amberly Vilsaint
Typed or printed name of signee



2021 05 12 PM 1:39

2021 05 12 PM 1:39

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2021

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426 N. 14TH AVENUE
ARCADIA, FL 34266

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Letter Number: 221A00010292