

h21 000 152331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

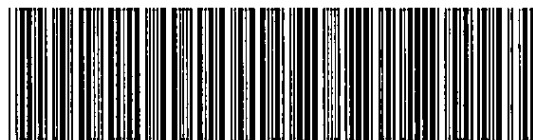
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FBI

D. BRUCE

JUN 04 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: QHHT Miramar 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:

Luis Diaz

Name of Person

QHHT Miramar llc

Firm/Company

16506 SW 51st St

Address

Miramar Florida 33027

City/State and Zip Code

ladusa954@gmail.com

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

For further information concerning this matter, please call:

Luis Diaz

954
at ()

404 0716

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

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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	Sandra Gomez		<input type="checkbox"/> Add
		16506 SW 51st St, Miramar , FL, 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luis Diaz	16505 SW 51st St, Miramar, FL, 33027	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL
COUNTY CLERK

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

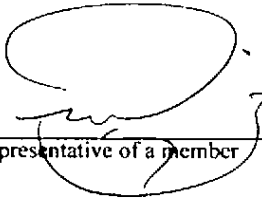
Handwritten 'X' mark across the first six lines of the section.

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: April 1 2021 (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 14, 2021


Signature of a member or authorized representative of a member
Luis A Diaz
Typed or printed name of signer