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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations					
Quiros Law	, PLLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Ana L. Quiros				
		Name of Person			
	Quiros Law, PLLC				
		Firm/Company			
	8785 SW 165 Avenue, Ste 200-2010				
		Address			
	Miami, FL 33193				
		City/State and Zip Code			
	ana@quiroslawpllc.com				
	E-mail address: (to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please c	all:			
Ana L. Quiros		786 224-7117			
Name of Person		Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne 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		Street Address:	4 :		
Registration S Division of C		Registration Section Division of Corporations			
P.O. Box 632	•	The Centre of Ti			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	•	aw, PLLC	21
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited I	Liability Company	were filed on 4/5/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	8785 SW 165 Avenue	
Principal office address MUST BE A STRE	ET ADDRESS)	Ste 200-2010	
		Miami, FL 33193	
Enter new mailing address, if applicable:		8785 SW 165 Avenue	
(Mailing address MAY BE A POST OFFICE BOX)		Ste 200-2010	
		Miami, FL 33193	
B. If amending the registered agent and/or agent and/or the new registered office addroname of New Registered Agent: New Registered Office Address:	ess here:	address on our records Avenue, Ste 200-2010	, enter the name of the new registe
- -		Enter Florida stree	t address
	Miami	·	
		Citv	Zin 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed	from our records.		•	
MGR = Ma AMBR = A	anager uthorized Member		21 MAY 10 PR 3: 15	
<u>Title</u>	Name	Address	21 KAY 10 PM 3. 10	Type of Action
AMBR	Ana L. Quiros	8785 SW 165 A	Ave., Ste 200-2010, Miami, FL 33193	_ 🗏 Add
				_ □Remove
				_ Change
				□Add
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□Change

	21 MAY 10 PM 3: 15
	21 MAI 19 11
	
ective date, if other than the date of filing:	(optional)
n 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 605.020
te: If the date inserted in this block does not meet the applicable statutory fill cument's effective date on the Department of State's records.	ing requirements, this date will not be listed a
cultient s effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m is filed.	n. on the earlier of: (b) The 90th day after the
is filed.	
, May 5 2021	
ted May 5	
/ h. 100	
Signature of a member or authorized representative	ve or a member
Chamber of a morning of authorized tepresonant	

Filing Fee: \$25.00