121000163182

(Requestor's Name) (Address)
(Address)
(Addiess)
(Address)
(daissay
(City/State/Zip/Phone #)
` , , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500382918245

03/08/22--01022--014 **25.00

2022 MAR -8 AM 10: 51 SECREL LYCOF STATE

Cf 212112022

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

CUTE TELL'S SHOPPING L.L.C. 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: **Qutell Maria Berthel Nascimento** Name of Person CUTE TELL'S SHOPPING L.L.C. Firm/Company 4400 North Federal Highway ste 210-50 Boca Raton, Florida, 33431 City/State and Zip Code B.qutell@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Qutell Homar Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAR -8 AM 10: 51 CUTE TELL'S SHOPPING L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE TALLAHASSEE, FI The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L21000163182 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Qutell Homar & Associates L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4400 N Federal Highway, Suite 210 Boca Raton, FL 33431 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) P.O. Box 400, Deerfield Beach, FL 33443 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address , Florida City

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

<u>Title</u>	Name	Address	Type of Action
AMBR	Ezekiel Chery	1471 SW 5TH TERR,	
		DEERFEILD BEACH FL 33441	■Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			DAdd
			Remove
			Change
			□Add
			□Remove
			□Change

N/A		 .		
··				
				
 				
				<u>.</u>
-				
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
				
				
	······································		<u> </u>	
	 			
		<u> </u>		
Effective date, if other than the	date of filing:		(option	al)
If an effective date is listed, the date mus Note: If the date inserted in this bl	t be specific and cannot be princed does not meet the appli	or to date of filing or m	ore than 90 days after fill	ling.) Pursuant to 605,0207 (
document's effective date on the D	epartment of State's record	is.	g requirements, uns o	iate will not be risted as t
e record specifies a delayed effectiv	e date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
rd is filed.				
March 3rd	2022			
Dated	,	·		
	0 1001			
	Signature of a member or au	ria Homar		
	Signature of a member or ain	morized representative	of a member	
	Signature of a member or au	morized representative	of a member	

Filing Fee: \$25.00