

121000167536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

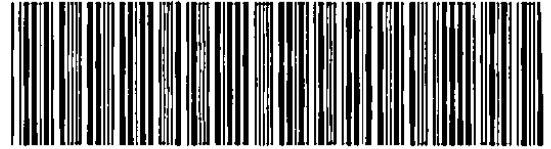
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R. HUNT

2023 03 13 AM 5:01
CLERK OF STATE
TALLAHASSEE, FL
J. C. D.

TO: Registration Section
Division of Corporations

SUBJECT: Cuevas 5808 Enterprises, 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:

Javon McQuaker

Name of Person

Cuevas 5808 Enterprises, LLC

Firm/Company

5808-15 Normandy Boulevard

Address

Jacksonville, FL 32205

City/State and Zip Code

javonmcquaker@gmail.com

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

2022 SEP 13 AM 5:01
OFFICE OF STATE
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

Javon McQuaker

904

572-9414

at (_____) _____

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

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

Cuevas 5808 Enterprises, 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 4/12/2021 and assigned
Florida document number L21000167536.

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)

FILED
2022 APR 13 AM 5:01
CLERK OF STATE
TALLAHASSEE, FL

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:

Javon Mcquaker

New Registered Office Address:

5808-15 Normandy Boulevard

Enter Florida street address

Jacksonville

City

Florida 32205

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

Change
Add
Remove
Change

2022 SEP 13 AM 5:01
CLERK OF STATE
TALLAHASSEE, FL

2/22/2013 AM 5:01
CLARK COUNTY, FL

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.

2022

Signature of a member or authorized representative of a member

Jayon McQuaker

Typed or printed name of signee

Filing Fee: \$25.00