L21000197840

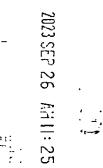
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

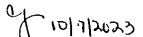




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COVER LETTER

	egistration Sec ivision of Corp			v	•
ann in an	R.Q. INSUR	ANCE & ASSOCIATES LLC	2		
SUBJECT	·	Name of Limi	ited Liability Company		
The enclos	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please retu	irn all correspon	dence concerning this matter	to the following:		
		DEGUIN ROBLES			
			Name of Person		
		R.Q. INSURANCE & ASS	SOCIATES LLC		
			Firm/Company		
		7726 Winegard Rd. # 46			
			Address		
		Orlando, FL, 32809			
			City/State and Zip Code	· · · · ·	
		rqinsurance.associates@gm	ail.com to be used for future annual	manual mariffmation)	
				report nonneation)	
For further	r information co	ncerning this matter, please co	all:		
DEGUIN	ROBLES			50244	
_	Name of	Person	Area Code	Daytime Teleph	one Number
Enclosed i	is a check for the	e following amount:			
□ \$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en-		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
N	Jailing Address	<u>:</u>	Street A	ddress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

R.Q. INSURANCE & ASSOCIATES LLC

2023 SEP 26 AH 11: 25

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000197840</u> .		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
This amendment is submitted to amend the following:		
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 designatio	n "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 agent and/or the new registered office address here:	address on our records,	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	address
		. Florida
	City	, Florida 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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SUGEY JIMENEZ-MOYA	9411 Dowden Rd. Apt 7104	🗆 Add
		Orlando, Fl. 32832	≣Remove
			□ Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
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			□Add
			□Remove
			□Change

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