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WALK IN

PICK UP: CAT 3/15 XX **CERTIFIED COPY PHOTOCOPY** CUS XX LLC AMEND FILING CARILLON 6801 COLLINS AVE., LLC 1. (CORPORATE NAME AND DOCUMENT #) 2. (CORPORATE NAME AND DOCUMENT #) 3. (CORPORATE NAME AND DOCUMENT #) 4. (CORPORATE NAME AND DOCUMENT #) 5. (CORPORATE NAME AND DOCUMENT #) 6. (CORPORATE NAME AND DOCUMENT #) **SPECIAL INSTRUCTIONS:**

COVER LETTER

	eration Section on of Corporations	
SUBJECT:	arillon 6801 Collins Ave., LLC	
_	Name of Limited Liability Company	
The enclosed A	Carillon 6801 Collins Ave., LLC UBJECT:	
	Osmundo O. Martinez, Esq.	
	Name of Person	
	Firm/Company	
	Osmundo O. Martinez, Esq. Name of Person	
	Address	
	Coral Gables, Fl 33134	
		
		_
For further infor	nation concerning this matter, please call:	
Osmundo O. Ma	at ()	
	Name of Person Area Code Daytime Telephone Nu	mber
Enclosed is a che	ck for the following amount:	
□ \$25.00 Filing	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	ificate of Status & I fied Copy
	Address: Street Address: ation Section Registration Section	

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

TILED

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Carillon 6801 Collins Ave., LLC	U - RETARY OF STATE
(Name of the Limited Liability Comp (A Florida Limited	раду as it now appears on our records.)————————————————————————————————————
The Articles of Organization for this Limited Liability Company Florida document number L21000228118	y were filed on May18, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
Q13 Investments LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.I., C."
Enter new principal offices address, if applicable:	36 East Ave
(Principal office address MUST BE A STREET ADDRESS)	Norwalk, CT 06851
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 registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	FI 11
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
		-	□Add
			□Remove
			□Change
			□Remove
			[]Change
			□Remove
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ffective date, if other than the an effective date is listed, the date mus	be specific and cannot	be prior to date of fili	ng or more than 90 day	(optional) /s after filing.) Pursua	nt to 605.0207
lote: If the date inserted in this blocument's effective date on the D	ck does not meet the	applicable statuto	ry filing requiremen	ts, this date will no	t be listed as
record specifies a delayed effectiv is filed.	date, but not an effe	ctive time, at 12:0	l a.m. on the earlier	of: (b) The 90th o	day after the
March 14	2023	·			
ated		DocuSigned by:			
	Signature of a member	4	· C. 11. C.	.11.	

Filing Fee: \$25.00