# L21000241104

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<del>-</del> -
(Do	cument Number)	
Certified Copies	Certificates o	of Status
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Special Instructions to	Filing Officer:	
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CENTRO MQ HIG	UEROTE LLC		
			Art of Inc. File
<u> </u>			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			✓ Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
	<b></b>		Driving Record
Requested by: BA	9/07/21		UCC 1 or 3 File
Name		Time	UCC 11 Search
Raine		Ì	UCC    Retrieval
Walk-In	_ Will Pick Up		Courier

## **COVER LETTER**

TO: Registration Se Division of Cor		
	MQ HIGUEROTE LLC	
SUBJECT:	Name of Lin	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	NADJI VALENTINA MII	LLAN
		Name of Person
	CENTRO MQ HIGUERO	TE LLC
		Firm/Company
	3625 NW 82 AVE, SUITE	Е 100-Н
	1974	Address
	DORAL, FL, 33166	
		City/State and Zip Code
	paradiseimbusa@gmail.com E-mail address: (	to be used for future annual report notification)
For further information c	oncerning this matter, please c	
NADJI VALENTINA M		786 3289277
	f Person	at ()  Area Code Daytime Telephone Number
Enclosed is a check for th	Ū	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:
Registration S Division of C	orporations	Registration Section Division of Corporations
P.O. Box 632 Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
i attattassee, 1	14,04017	Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRO MQ HIGUEROTE LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 05/24/2021		and assigned	
Florida document number L21000241104			Ŭ
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.I	C.''
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		981 SEF	
		SEE	2. ]
		1	
Enter new mailing address, if applicable:		. =	11
Mailing address MAY BE A POST OFFICE BOX)		-io	امسيه
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3. If amending the registered agent and/or registered office gent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the na	ime of the new	regist
New Registered Office Address:			_
Trom registered Office Address.	Enter Florida street address		
	, Florida		
<del></del> -	City	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

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>	<u>Name</u>	Address	Type of Action
MGRM	DE ANDRADE, JOSE ANIBAL	10871 NW 76TH LN, MEDLEY, FL, 33178	<b>≅</b> Add
			□Remove
			□Change
MGRM	MGRM DE ANDRADE, RAUL	10871 NW 76TH LN, MEDLEY, FL, 33178	🗏 Add
			□Remove
			Change
			🗆 Add
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fective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo	date of filing:  be specific and cannot be prior lock does not ment the applier	to date of filing or more th	(optional) an 90 days after filing.) Purs	uant to 605.020°
ocument's effective date on the De	partment of State's records.	,	unements, this date will i	not be listed as
record specifies a delayed effective is filed.	date, but not an effective tir	ne, at 12:01 a.m. on th	e earlier of: (b) The 90th	h day after the
	2021			
SEPTEMBER 3rd	1	_ •		
SEPTEMBER 3rd		<u>,                                    </u>		
	Signature of a prember or author	rized representative of a	nember	

Filing Fee: \$25.00