

To: +18506176383

Page: 2 of 6

2021-08-11 22:31:47 GMT

17866363620

From: Manny Chinchilla

L21000283955

H210003036583

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000303658 3)))



H210003036583ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLL BUSINESS SOLUTION CORP

Account Number : 120190000092

Phone : (754)202-8663

Fax Number : (786)636-3620

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: FLLBusiness@outlook.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CONQUER RESOURCES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2021 AUG 12 AM 8:60

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 AUG 12 PM 1:36

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H210003036583

Handwritten signature

COVER LETTER

H210003036583

**TO: Registration Section
Division of Corporations**

SUBJECT: CONQUER RESOURCES 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:

XIANNY CHINCHILLA

Name of Person

FLL BUSINESS SOLUTION CORP

Firm/Company

8350 W STATE ROAD 84

Address

DAVIE, FL 33324

City/State and Zip Code

FLLBusiness@outlook.com

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

For further information concerning this matter, please call:

XIANNY CHINCHILLA

Name of Person

754 at ()

Area Code

2028663

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

H210003036583

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H210003036583

CONQUER RESOURCES 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 06/17/2021 and assigned
Florida document number 1.21000283935.

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:

3860 SW 69th Ave

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33155

Enter new mailing address, if applicable:

3860 SW 69th Ave

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33155

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:

New Registered Office Address:

Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

H210003036583

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

H210003036583

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

H210003036583

H210003036583

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. Effective date, if other than the date of filing: 08/11/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated AUGUST 11TH 2021

Monica L Fajardo Pena

Signature of a member or authorized representative of a member

MONICA L. FAJARDO PENA

Typed or printed name of signee

H210003036583

Filing Fee: \$25.00

FILED
2021 AUG 12 PM 1:36
U.S. DISTRICT COURT
NORTH DISTRICT OF FLORIDA
JACKSONVILLE, FLORIDA