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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: QE JU WYUY STAYS LL ( 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:
Jeanysha Jean-Baptiste  Name of Person  Q & Ju luxury STAYI LLC  Firm/Company
Q & JU LUXUY STAYS LLC Firm/Company
-2121 BISCAYNE BIVD # 1175
Mami Floy da 33137 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeany Sha Jean-Bartiste at 305, 804-4246  Name of Person  Name of Person  Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee FI 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

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

(Name of the Limited Liability (A Florida	ty Gompany as it now appears on our records.)  a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L2 00300578</u>	Company were filed on $\frac{9/30/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit QQ Q Q (ON) Q + Q + 10 N \ The new name must be distinguishable and contain the words "Limit of the new name of the limit of the new name must be distinguishable and contain the words "Limit of the new name of the limit of the new name of the new name of the limit of the new name of the new	ted liability company here:  L (  ted 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 ADDRE	ESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
	(r) 33
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Florida
lew Registered Agent's Signature if changing Posices 4	21p ( ode

## 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:

MG	R =	•	M	an	A	ge	r

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	eding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If the didocument's eff	te, if other than the date of filing:  [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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be iffective date on the Department of State's records.	isted as the
e record specifi d is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	ter the
	WIT 13 2021.	
Pated <u>AUO</u>		
Dated <u>AUO</u>	Signature of a member or authorized representative of a member    Canusha   Can-Baptiste   Typed or printed name of signee	