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Help

COVER LETTER

TO: Registration Section Division of Corporations

HORTENSIA QUINONEZ LLC

SUBJECT:

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:

DIEGO FOUEROA

Name of Person

E&F LATIN OROUP LLC

Firm/Company

1820 N CORPORATE LAKES BLVD STE 109

Address

WESTON, FL 33326

City/State and Zip Code

DIEGO@EFLATINACCOUNTING.COM

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Maillow 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

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ARTICLES OF AMENDMENT		
ТО		
ARTICLES OF ORGANIZATION OF		202i
HORTENSIA QUINONEZ LLC	1944) 1271 2411	AUS
(Name of the Limited Liability Company as it now appears on our records.) (A Florids Limited Liability Company)	672 - E71- 671	
The Articles of Organization for this Limited Liability Company were filed on 08/04/2021		ned ²⁷
Florida document number L21000350491		<u>is</u>
This amendment is submitted to amend the following:	ی درچ ۱	Ch Ch
A. If amending name, enter the new name of the limited liability company here:		
HORTENSIA QUINONES LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LUC" or the a	ibbreviation "L.L.	0."
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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

	Cliv	Zip Code
	. 6	Florida
	Enter Florida street uddr	re.LS
New Registered Office Address:		
Name of New Registered Agent:	·	

New Registered Agent's Signature, If changing Registered Agenti

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 603, 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

Title	Name	Address	Type of Action
····			🖸 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	2021		
DHA	In Frenorm.		2021
	Fignature of a member or authorized representative of a member		AUG
DIEGO FIGUEROA			
-	Typed or printed name of signee		-u
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		 E.	S

Filing Fee: \$25.00