

L21000375878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

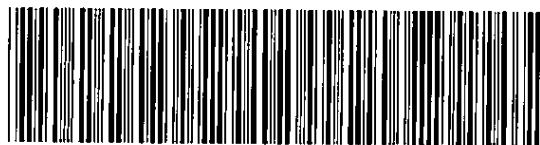
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024-01-01 00:00:00 024 52.50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2023

MARIA CATALINA PABON
3775 WOODS WALK BLVD
LAKE WORTH, FL 33467

SUBJECT: QUICK ACTION SOLUTIONS LLC
Ref. Number: L21000375878

We have received your document for QUICK ACTION SOLUTIONS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 223A00025242

NOV 27 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUICK ACTION SOLUTIONS

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:

MARIA CATALINA PABON

Name of Person

QUICK ACTION SOLUTIONS LLC

Firm/Company

3775 WOODS WALK BLVD

Address

LAKE WORTH, FL 33467

City/State and Zip Code

quicksolutions@gmail.com

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

For further information concerning this matter, please call:

Maria Catalina Pabon

Name of Person

at (561)

Area Code

6767703

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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

QUICK ACTION SOLUTIONS

(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 8/15/23 and assigned Florida document number L21000 395898.

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 "LLC."

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:

Name of New Registered Agent:

Maria Catalina Pabon

New Registered Office Address:

3775 WOODS WALK BLVD

Enter Florida street address

LAKE WORTH

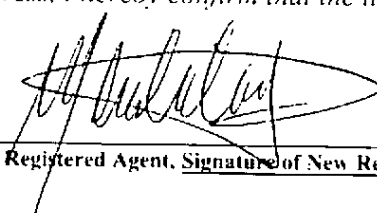
City

Florida 33467

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>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>MARIA CATALINA PABON</u>	<u>3775 WOODS WALK BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>LAKE WORTH, FL 33467</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGRM</u>	<u>GUIZA, MARIA A</u>	<u>712 SUNNY PINE WAY</u>	<input type="checkbox"/> Add
		<u>Unit D2 Greenacres FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33415</u>	<input type="checkbox"/> Change
<u>MGRM</u>	<u>GUARIN, JOSE L</u>	<u>712 SUNNY PINE WAY</u>	<input type="checkbox"/> Add
		<u>Unit D2 Greenacres FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33415</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated 8.16.2023

Signature of a member or authority

Mania Catalina Fabon

Filing Fee: \$25.00