## L22000110243

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Socialities (Manager)
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The

## **COVER LETTER**

TO: Registration Se Division of Cor			•				
QUICK LY	YFT LLC		·				
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	ALEX TAVERAS						
<b>!</b>		Name of Person	<del></del>				
		Firm/Company	<del></del>				
	12723 IVORY STONE LE	,					
		Address					
	FORT MYERS, FL 33913						
	Tuverus a	City/State and Zip Code  (11 & L. + a / 1.  to be used for future annual report no	Com dification)				
For further information of	concerning this matter, please c	all:					
Alex Taveras		239 258-6103 at ( )					
Name of Person			me Telephone Number				
Enclosed is a check for t	he following amount:						
■ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:	ection				
Registration Section Division of Corporations		Registration Section Division of Corporations					
	P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUICK LYFT LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on 03/03/2022 and assigned
Florida document number L22000110243	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	77.27.27.27.27.27.27.27.27.27.27.27.27.2
(Principal office address MUST BE A STREET ADDRESS)	2 2 2
	P III
Enter new mailing address, if applicable:	From J
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

## New-Registered Agent's Signature, if changing Registered Agent:

STATE OF THE PARTY.

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

Title	<u>Name</u>	Address	Type of Action
AMBR	JOEL CUEVAS	12723 IVORY STONE LP	
		FORT MYERS, FL 33913	■Remove
		12723 IVORY STONE LP	□Change
AMBR	MIGUEL CUEVAS	FORT MYERS, FL 33913	
			□Remove
			☐Change
			Remove
			Dichange S
			PRofine Signature
		<u> </u>	□Change
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1			□Remove
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			□Remove
			Change

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Filing Fee: \$25.00