422000124202

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
•	•	•
(Document)	ment Number	,
•		•
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
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lAsign		110

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ALLAHASSEE, FLORIDA

JUL 2 5 2022 S. PRATHER



June 21, 2022

QUINTANA BROTHERS LLC 416 W EL PASO AVE APT 1 CLEWISTON, FL 33440

SUBJECT: QUINTANA BROTHERS LLC

Ref. Number: L22000124202

We have received your document for QUINTANA BROTHERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6939.

Stacy Prather Regulatory Specialist III

Letter Number: 822A00013997

Correction has been made and document has been signed.

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	A BROTHERS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SLOAN QUINTANA O	LIVA	
		Name of Person	
	QUINTANA BROTHERS	LLC	
		Firm/Company	
	416 W EL PASO AVE AI	PT I	
		Address	
	CLEWISTON FL 33440		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
SLOAN QUINTANA O	LIVA	m 12/ \ 923 -	3438
Name o	f Person	at $(\frac{226}{226})$ $\frac{923}{2}$	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	
P.O. Box 632	.7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUINTANA BROTHERS LLC		022 LLL
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	#11 21 1 21 21 21 21 21 21 21 21 21 21 21
The Articles of Organization for this Limited Li Florida document number L22000124202	ability Company were filed on 03/11/2022	UL 21 AND FLORIU
This amendment is submitted to amend the follo	owing:	ATE ARIDA
A. If amending name, enter the new name of	the limited liability company here:	,
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	uble:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office address on our records, <u>enter th</u> <u>s here</u> :	e name of the new registered
Name of New Registered Agent:	SLOAN QUINTANA OLIVA	
New Registered Office Address:	Enter Florida street address	-
	, Flori	od.
	City	Zip Code
New Registered Agent's Signature, if changing I	degistered 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>	Type of Action
MGR	SLOAN QUINTANA OLIVA		
			□Remove
			≡ Change
AR SLOAN QUINTANA OLIVA		□Add	
	 / / /	□ Remove	
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	
			
		· .	□Remove
			□Change
			□ Add
			□Remove
			□ Change

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Note: If the o	te, if other than the date of filing: 03/11/2022 (optional)
f the record speci ecord 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 after the
	77
Dated	2022 J
Dated	
Dated	Signature of a member or authorized representative of a member 2
Dated	

Filing Fee: \$25.00