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Division of Corporations

fax Number : (850)617-6383

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Account Name : AT PLUS CORP Account Number : I20140000060 Phone : (305)406-3800 Fax Number : (305)406-3999

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **QUILMES WEST LLC**

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUILMES WEST LLC					
(Name of the Limit	ed Liability Company as it now appears on our re (A Florida Limited Liability Company)	ords.)			
The Articles of Organization for this Limited L	iability Company were filed on APRIL 27 2	022	aı	nd assig	gned
Florida document number L22000199470	 -				
This amendment is submitted to amend the foll-	owing:				
A. If amending name, enter the new name o	f the limited liability company here:				
The new name must be distinguishable and contain the v	ords "Limited Liability Company," the designation "	LLC" or the	abbreviat	ion "L.L	.C."
Enter new principal offices address, if applic	able;				
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>				
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>er</u> <u>ss here</u> :	iter the n	ame of t	he new	<u>register</u>
Name of New Registered Agent:	PEDRO ALEJANDRO POROYAN			2022 H	
New Registered Office Address:	3901 S OCEAN DR 4 Y			*	·
New Registered Office Address.	Enter Florida street a	diress	**	9	<u></u>
	HOLLYWOOD	, Florida	33019	Â	<u> </u>
	City		Zip	- Gerale	=
New Registered Agent's Signature, if changing	Registered Agent:		:	42	

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:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	PEDRO ALEJANDRO POROYAN	3901 S OCEAN DR APT 4 Y	□Add
		HOLLYWOOD FL 33019	
			■ Change
			
			□Remove
			□Add
			□Remove
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	ock does not in	eet me appaca	n date of filing or ble statutory fil	more than 90 daing requireme	(optional) sys after filing.) into this date we	Pursuant to 605.02 fill not be listed
e record specifies a delayed effecti and is filed.	re date, but not	an effective tir	ne, at 12:01 a.m	on the earlie	er of: (b) The	90th day after th
Dated MAY 19		2022				
Dated	10/10		rized representat			
	A APP BOTA					