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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations		
SUBJECT: Quijade	Name of Cimited Liability Company	
The enclosed Articles of Amendment ar	nd fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
	Maricio Person	
	Firm/Company	
875	E Cowboy way STE 106	2021 JU Sirvini
lo	belle FL 33935 City/State and Zip Code	22
	City/State and Zip Code 2 9 0/1 ada 09 D 9 mail. wm 7-mail address: (to be used for futur Annual report notification)	95.4 S. 1977 S. 1986.
For further information concerning this	/	3, E 6
	1	
Name of Person	at (863) 342 - 0112 Area Code Daytime Telephone Number	
Enclosed is a check for the following at		
	(additional copy is enclosed) Certified (e of Status &
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quijado	Enterprise	LLC			
(Name of the Limited	Entry 115e d Liability Company as it now A Florida Limited Liability Com	pany)			
The Articles of Organization for this Limited Lial Florida document number <u>L 22000</u> <u>H</u>	ability Company were filed	1	<u>2 </u>	d assign	ed
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of t	the limited liability compa	any here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability Company	," the designation "LLC" or	the abbreviati	on "L.L.C	
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	T ADDRESS)		 		
D			- E	2022 J.C	
Enter new mailing address, if applicable:				22	1
(Mailing address MAY BE A POST OFFICE B	<u></u>		-	7:54	
	_			نن ت	•
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on s here:	our records, <u>enter the</u>	name of th	einew r	<u>egisterec</u>
Name of New Registered Agent:	Maria	io Rugo	Ja .		
New Registered Office Address:	825 E 6	ter Florida street address	27 51	l _c 10	6_
	Lobelle	ner Florida street address Florida	la <u>33</u> Zip	935 Code	<u> </u>

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>	Address	Type of Action
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	•	moore hoven Fl 334	7/ ØRemove
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tive date, if othe	w than the dat	o of filing:			(op	tional)
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ord specifies a dela filed.	iyed effective da	te, but not an o	effective time, at 1	2:01 a.m. or	the earlier of:	(b) The 90th day a
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	Sign	nature of a mem	ber or authorized re	presentative o	it a member	

Filing Fee: \$25.00