## L23000038774

| (Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: |   |
|--|---|
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   | (Requestor's Name)                      |
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   |   |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Address)                               |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  |   |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Address)                               |
| PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | , ,                                     |
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| (Document Number)  Certified Copies Certificates of Status   |   |
| Certified Copies Certificates of Status  | (Business Entity Name)                  |
| Certified Copies Certificates of Status  |   |
|  | (Document Number)                       |
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|  | Certified Copies Certificates of Status |
| Special Instructions to Filing Officer:  |   |
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Office Use Only



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R. HUNT 02/17/23

## **COVER LETTER**

TO:

Registration Section

| Divi                        | sion of Corp                | porations                                    |  |                   |             |                |       |
|-----------------------------|-----------------------------|--|--|-------------------|-------------|----------------|-------|
|                             | OVIEDO Q                    | UICK STOP LLC                                |  |                   |             |                |       |
| SUBJECT:                    |                             | Name of Lim                                  | ited Liability Company   |                   |             |                |       |
| The enclosed                | Articles of a               | Amendment and fee(s) are sub                 | mitted for filing.   |                   |             |                |       |
| Please return               | all correspo                | ndence concerning this matter                | to the following:  |                   |             |                |       |
|                             |                             | Hyang Kim                                    |  |                   |             |                |       |
|                             |                             | · · · · · · · · · · · · · · · · · · ·        | Name of Person   |                   | -           |                |       |
| Apex Tax & Accounting, Llc. |                             |  |  | # 63              |             |                |       |
| Firm/Company                |                             |  |  |                   | <b>-</b>    |                | •     |
| 375 Douglas Ave.Suite 2003  |                             |  |  |                   |             | E.3 17 PH 3:37 | <br>i |
|                             |                             |  | Address  |                   |             | P              | 1     |
|                             | Altamonte Springs, FL 32714 |  |  |                   |             | င့်            |       |
|                             |                             |  | City/State and Zip Code  |                   | - L'A       | 3 <b>7</b>     |       |
|                             |                             | E-mail address: (                            | to be used for future annual report noti                         | fication)         |             |                |       |
| For further in              | iformation co               | oncerning this matter, please ca             | all:   |                   |             |                |       |
| Hyang Kim                   |                             |  | 407 962-9888   |                   |             |                |       |
|                             | Name of                     | Person                                       | Area Code Daytim   | e Telephone Numbe | r           |                |       |
| Enclosed is a               | check for th                | e following amount:                          |  |                   |             |                |       |
| <b>■ \$</b> 25.00 F         | iling Fee                   | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifie          | ate of Stat |                |       |
|                             | lling Addres                |  | <u>Street Address:</u><br>Registration Se                        | ction             |             |                |       |
| Division of Corporations    |                             | Division of Corporations                     |  |                   |             |                |       |
|                             | ). Box 632<br>Jahassee J    |  | The Centre of T  |                   | 810         |                |       |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OVIEDO QUICK STOP LLC   |  |                                 |
|---|--|---------------------------------|
| ( <u>Name of the Limited Liability Con</u><br>(A Florida Limit  | npany as it now appears on our recorded Liability Company) | <u>ds.</u> )                    |
| the Articles of Organization for this Limited Liability Compalorida document number L23000038774            | ny were filed on 01/20/2023                                | and assigned                    |
| his amendment is submitted to amend the following:  |  |                                 |
| If amending name, enter the new name of the limited li  | ability company here:                                      |                                 |
| he new name must be distinguishable and contain the words "Limited Li                                       | ability Company," the designation "LLC                     | C" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable:  |  |                                 |
| Principal office address MUST BE A STREET ADDRESS)  |  |                                 |
|   |  |                                 |
|   | <u></u>  |                                 |
| nter new mailing address, if applicable:  |  |                                 |
| Mailing address MAY BE A POST OFFICE BOX)   |  | ma III                          |
| Samuel Berling Control of the Bong  |  |                                 |
|   |  |                                 |
| 3. If amending the registered agent and/or registered office and/or the new registered office address here: | ce address on our records. <u>enter</u>                    | the name of the new regis       |
| Name of New Registered Agent:   |  |                                 |
| New Registered Office Address:  |  |                                 |
|   | Enter Florida street addre                                 | SS                              |
|   | . <b>F</b> I   | lorida                          |
|   | City   | 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>   | Address          | Type of Action                               |
|---------------|---------------|------------------|--|
| MGRM          | PAK, OK PAK Y | 85 N CENTRAL AVE | □ Add  |
|               |               | OVIEDO, FL 32765 | ■Remove                                      |
|               |               | 85 N CENTRAL AVE | □Change                                      |
| MGRM          | РАК, ОК СНА   | OVIEDO, FL 32765 | ■Add   |
|               |               |                  | □Remove                                      |
|               |               |                  | □ Change                                     |
|               |               |                  | □Add   |
|               |               |                  | ☐Remove                                      |
| <del></del> - | <del></del>   |                  | PAdd Co. |
|               |               |                  | ☐ Change                                     |
|               |               |                  | □ Add  |
|               |               |                  | □ Remove                                     |
|               |               |                  |  |
|               |               |                  |  |
|               |               |                  | □ Remove                                     |
|               |               |                  | ∏Change.                                     |

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|   | <u>-</u>     |                                     |                                  |  |                             | _                  |
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|   |              |                                     | -                                | r:i  | 41                          |                    |
|   |              |                                     |                                  |  |                             | _                  |
|   |              | •                                   |                                  |  |                             | <del></del>        |
| ffective date, if other than the date of filing:                        | applicable   | nte of filing or<br>statutory fili  | more than 90 da<br>ng requiremer | (optional)<br>ys after filing.) P<br>its, this date wi | ursuant to 6<br>Il not be l | 605.020<br>isted a |
| record specifies a delayed effective date, but not an effe<br>is filed. | ective time. | at 12:01 a.m                        | . on the earlie                  | of: (b) The 9  | 0th day a                   | fter the           |
| February 13th 2023  |              |                                     |                                  |  |                             |                    |
| Signature of a member   | . 4          | LL                                  |                                  |  |                             |                    |
|   | 0.000        | d management of the                 |                                  |  |                             |                    |

Filing Fee: \$25.00