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5/2/23 V:UU 2023 MAR (6 AM IO: 09

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: QUIVITIC Shopes, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Barbara Hoppisch Name of Person Quixotic Shappes IIC Firm/Company
12555 Biscaupe Blva #1091
City/State and Zip Code
For further information concerning this matter, please call:
Part (TSlo) 508-5224 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$60.00 Filing

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili (A Florid	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on TEDruCry 1, 2023 and assigned 205
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
Duxble Shapes	LLC
The new name must be distinguishable and contain the Words "Lin	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDI	
	ASS A
Enter new mailing address, if applicable:	SOF A D
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
Name of New Registered Agent:	irbora hapisch
New Registered Office Address:	Enter Florida street address
_ 14	City Florida 38181 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
H5.	barbara Kapisch	18346 NW. 1084 AVE, APHL Haleah FL, 33015	i Add
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ctive	late, if other than the date of filing: Myrch 151 2023 (optional)
effecti	e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60
	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liss effective date on the Department of State's records.
ord si	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aff
filed.	
d	3.1. 23 <u> </u>
	\bigcirc \bigcirc \bigcirc
	Signature of a member or authorized representative of a member