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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>Siana Quin Jang Realtor</u> , LCC 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:
Diana Quintang Name of Person
Diana Quintana, LCC Firm/Company
1712 Peregrine Falcons way Not. 305
Orlando, Fl. 32837 City/State and Zip Code
dquintanarealtor eg q mail 10011 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (704) 461-2859 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

Diana Xuin tuna Rea (Name of the Limited Liability Compa (A Florida Limited I	1 to r , C C C
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 5/01/2023 and assigned
Florida document number <u> </u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Diana Quintana, CCC The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	1712 Peregine Falcows WAY
Principal office address MUST BE A STREET ADDRESS)	1712 Peregrine Falcons WAY Apt #305 Orlando, Fl. 32837
	Orlando, F1. 32837
	1712 Receive Falcons way
Enter new mailing address, if applicable:	Apt #305
(Mailing address MAY BE A POST OFFICE BOX)	1712 Reregine Falcons way Apt. #305 Orlando, Fl. 32837
	6.3
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
agent and/or the new registered office address here.	
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

1

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	N/A		□Add
			□Remove
			Change
			□Add
			Remove
			□Change
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			□Remove
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Effecti	re date, if other than the date of filing: (optional)
(If an eff	ctive 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 605.0207 (3)
docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the out's effective date on the Department of State's records.
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e record and is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
14 17 111	
	2/22
Dated .	$\frac{9/23}{4} \cdot \frac{2023}{4}$
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Diana Quintana Typed or printed name of signee