## L23000319990

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otate/Ziph Holie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

	ion Section of Corporations		e e e e e e e e e e e e e e e e e e e
	S QUALITY INVESTMENT LLC		
UBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Artic	les of Amendment and fee(s) are sul	bmitted for filing.	
Please return all co	rrespondence concerning this matter	r to the following:	
	JESUS BUTRON		
	<del></del>	Name of Person	
	BVAS QUALITY INVES	STMENT LLC	
		Firm/Company	· "-
	2923 TURNSTONE RUN	į	
		Address	<del></del>
	SAINT CLOUD, FL 3477	73	
	·····	City/State and Zip Code	· · · · ·
	jesusbutron@gmail.com	<del>/</del>	•
Tau Caulian Infama		(to be used for future annual report notified):	ircation)
	ation concerning this matter, please of		•
Jesus Butron		1 (407) 963-13 at ()	21 e Telephone Number
۸	Jame of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	k for the following amount:		
<b>≡</b> \$25.00 Filing F	Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	address: tion Section of Corporations	Street Address: Registration Second Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314 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 Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were lorida document number <u>L23000319990</u> .	e filed on 07/06/2023	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
he new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the	abbreviation "L.L.C."
inter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	····	
		, es
. If amending the registered agent and/or registered office addr gent and/or the new registered office address here:	ess on our records, enter the na	
		oci -
N. CN. D. T. LA		<del>5</del>
Name of New Registered Agent:	<del></del>	22°
New Registered Office Address:		. <del> </del>
	Enter Florida street address	्र ज
	. Florida	<u>,</u> 50 €2
	City	Zip Code

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

**BVAS QUALITY INVESTMENT LLC** 

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.

Cin

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

1GR = Manager MBR = Authorized Member

<u>ïtle</u>	<u>Name</u>	Address	Type of Action
иGR ———	FABRIZIO ANTONELLO	2923 TURNSTONE RUN SAINT CLOUD, FL 347	73 <b>≣</b> Add
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fective date, if other than an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on the second of the date o	is block does not	meet the applica	to date of filing or able statutory fil	more than 90 days ing requirements	optional) : after filing.) Purs s, this date will i	uant to 605,020° not be listed as
		u on offoative tie	ne, at 12:01 a.m	n, on the earlier o	of; (b) The 90t	h day after the
	ective date, but no	n an effective ur				
is filed.						
l is filed.		2023		//-		
record specifies a delayed eff I is filed.  October 6th  ated				ve of a member		

Filing Fee: \$25.00