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2024 NOV 18 PM 2:13
SECTION OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Quote 65 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:

Daniel Diaz, Esq.

Name of Person

Daniel D. Diaz P.A.

Firm/Company

782 NW 42 Avenue, Suite 547

Address

Miami, FL.. 33126

City/State and Zip Code

Daniel@DDiazlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Diaz, Esq.

786

256-3299

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

Quote 65 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2024 NOV 18 PM 2:13

The Articles of Organization for this Limited Liability Company were filed on July 20, 2023 and assigned
Florida document number L23000344450
TALLAHASSEE, FL

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office 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:

Daniel D. Diaz P.A.

New Registered Office Address:

782 NW 42 Avenue, Suite 547

Enter Florida street address

Miami

City

Florida 33126

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.

DocuSigned by:

Daniel Diaz

A11EAD0870C6C495

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>	<u>Address</u>	<u>Type of Action</u>
MGR	New Health Plans LLC	3399 NW 72 Avenue	<input checked="" type="checkbox"/> Add
		Suite 228	<input type="checkbox"/> Remove
		Miami, FL., 33122	<input type="checkbox"/> Change
MGR	Antonio Feijoo	3399 NW 72 Avenue	<input type="checkbox"/> Add
		Suite 228	<input checked="" type="checkbox"/> Remove
		Miami, FL., 33122	<input type="checkbox"/> Change
"	"	"	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

