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(R	equestor's Name)	
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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC	Quijada, Li			
SUBJF.C	1:		ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Renato Quijada		
		· ·	Name of Person	
			Firm/Company	
		1361 NW 187th ave		
		,	Address	
		Pembroke Pines Florida 33	3029	
		Quijadacompany@gmail.co	City/State and Zip Code	
			to be used for future annual report r	otification)
For furthe	er information c	oncerning this matter, please c	all:	
Renato Q	uijada		786 318-2292	
-	Name o	f Person		time Telephone Number
Enclosed	is a check for the	he following amount:		
□ \$ 25.0	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 Addres		Street Address:	
	Registration S Division of C		Registration S Division of C	
	P.O. Box 632		The Centre o	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quijada, LLC				
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our red d Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on 9/12/23		and ass	igned
Florida document number L23000424473				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
Quijada LLC		₹.	21	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "			L.C."
Enter new principal offices address, if applicable:		A H A H A	SEP	
		27 E	CO	;
(Principal office address MUST BE A STREET ADDRESS)			PE	2 2 2 2 3 1
			۸ <u>نا</u>	ij
		5,7	: 2	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>en</u>	ter the name of	the nev	v registe
Name of New Registered Agent:		<u></u>	_	
New Registered Office Address:				
	Enter Florida street ad	dress		
		, Florida		
			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
MGR	Cassadra Gilles	1361 NW 187th Ave	= Add
		Pembroke Pines FL 33029	□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□ Change
		-	□Remove
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an effective date is listed, the date mu-	st be specific and cannot be prior to date of filing or	r more than 90 days after filing.) Pursuant to	
Note: If the date inserted in this blocument's effective date on the D	lock does not meet the applicable statutory file department of State's records.	ding requirements, this date will not be	listed as
	ve date, but not an effective time, at 12:01 a.n	m, on the earlier of: (b) The 90th day	after the
d is filed.	2023		
d is filed.			
d is filed.	Signature of a member or authorized representation	tive of a member	_