L23000496512



(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100438114791

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: <u>QuiN</u>	ero Rary C Namedof Limit	P Furnifull .	LL <u>Q</u>
The enclosed Articles of Am	nendment and fee(s) are subir	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Maribel G	Name of Person	
		Firm/Company	
	8360 Ba	Lewood Cir	
	Tampa	FL 33615 City/State and Zip Code	
-	E-mail address: (to	be used for future annual report notifie;	ition)
For further information conc	erning this matter, please cal	1:	
Haribel Cu	intero Piaz	at (<u>766)</u> <u>563</u> - Area Code Daytime T	- 5790 elephone Number
Enclosed is a check for the fo	ollowing 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:		<u>Street Address:</u>	

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

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

Quintero family (Name of the Limited Liability Compa	+ SKI Ren	ir records.)	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	<u> </u>	
The Articles of Organization for this Limited Liability Company florida document number <u>123000 49 6 562</u>	were filed on	3/2023 and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab Quinfero Ray G Furn The new name must be distinguishable and contain the words "Limited Liabi		ion "LLC" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8360 Coc Tampa	slewood Cir FE 33615	
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:	address on our records	s, enter the name of the new	registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	vet address	
		Florida	
	City	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			☐Change
			□Add
			□Remove
			Change
	<u></u>		
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		1 <u>21.</u>	□Remove
			□ Chapue

.

	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
ee	
ote:	cettee date, if other than the date of filing:
record is file	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 ed.
ated _	10/04/2026 Bert
	KGC 15
	Signature of a member or authorized representative of a member