

(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



300435864343

09/03/24--01047--016 **25.00

15. HUNT 05/03/24

COVER LETTER

TO;	Registration Sec Division of Corp						
a	~~~	NVESTMENT LLC					
SUBJE	CT:	Name of Limi	ted Liability Company	•			
The end	losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
		BETZAIDA CEDENO					
			Name of Person	 			
		LQ&OM INVESTMENT	LLC				
		Firm: Company 13550 VILLAGE PARK DRIVE					
			Address				
		ORLANDO					
		FLORIDA 34744	City/State and Zip Code				
			to be used for future annual report notif	ication)			
For furt	her information co	oncerning this matter, please ea	all:				
BETZA	AIDA CEDENO		321 4369471 at()				
	Name o	l Person	Area Code Daytime	* Telephone Number			
Enclose	ed is a check for th	ne following amount:					
≡ \$2:	5,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional 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

LQ&OM INVESTMENT LLC				
(Name of the Limi	ted Liability Com (A Florida Limited	pany as it now appears of I Liability Company)	n our records.)	
The Articles of Organization for this Limited L. florida document number 1.24000336749	iability Compar	by were filed on $\frac{07/30}{}$	2024	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	<u>f the limited lia</u>	bility company here	:	
N/A				
he new name must be distinguishable and contain the v	vords "Limited Lia	bility Company," the desig	mation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
Principal office address MUST BE A STREI	ET ADDRESS)			. ,
			;	<u>;</u>
Enter new mailing address, if applicable:		N/A	Solution (Solution)	
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
				_ 5
3. If amending the registered agent and/or agent and/or the new registered office addre	• •	e address on our reco	ords, <u>enter the name</u>	of the new regist
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florida	street address	
			. Florida	
		Cây	, r tortua	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, 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
AMBR	HENRY CASTANEDA	1791 SMARTS RULE ST	
		KISSIMMEEL FL 34744	Remove
			= Change
MBR	BETZAIDA CEDENO	13350 VILLAGE PARK DRIVE SUITE 235	= Add
		ORLANDO FLORIDA 34744	□Remove
			□Change
 		*	
			□Remove
			□ Change
			□Remove
			□Change
			ZAdd
			□Remove
			□Change
			□Add
			Remove
			□Change

N/A 					<u>. </u>			
			·-		·			
	_,							
				-		_		
								
				_				
								_
<u> </u>	· · · · · · · · · · · · · · · · · · ·	_						
								
							<u>:</u>	
								•
						, - \ .	ćā	
						7) (3) 11 11	_ <u>P</u> _	<u> </u>
						ານ ກ <u>ະ</u> ປ	52	
					ſ	_ <u>H</u>	12	
								
	<u></u>							
	(07/30/2024						
ffective date, if other than the data an effective date is listed, the date must be	ite of filing:		date of tiling	or more than 9	(option O days after f	n al) iling.) P	ursuant	to 605.01
<u>lote:</u> If the date inserted in this block ocument's effective date on the Depa	does not meet	the applicat	ole statutory	filing require	ments, this	date w	ill not b	e listed
ocument a cheenve date on the repu	Timent of State	. s records.						
record specifies a delayed effective d l is filed.	ate, but not an	effective tim	e, at 12:01 a	i.m. on the ca	rlier of: (b)	The '	20th da	y after ti
AUGUST 26	;	2024						
ated	· _	.044	_ ·					
Si	gnature of a men	nber or author	zed represent	ative of a mem	ber			_

Filing Fee: \$25.00

N	/A
_	
_	
_	
_	
_	
_	
-	
_	
_	
_	
_	
_	
_	
ffecti	e date, if other than the date of filing: (optional)
an effe	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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
	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
d is file	d.
	AUGUST 26 2024
	1000031 20
Dated _	··
Dated _	
Dated _	Signature of a member or authorized representative of a member
ated _	Signature of a member or authorized representative of a member Betzaida Cedeno

. . .

Filing Fee: \$25.00