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Tor

Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUINTERO DELIVERY LLC

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Help

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TO:

Registration Section

COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	Amendment and fec(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	•
	LEONEL QUINTERO		
		Name of Person	
		Fittn/Company	
	142 E 6TH STREET		
		Address	
	HIALIEAH, FL 33010		
		City/State and Zip Code	
	E-mail address: (to be used for future minual report notif	ication)
For further information	concerning this matter, please c	all: at (\frac{7\$C}{\text{Nrea Code}}) \frac{\frac{3\left V}{\text{Daytime}}}{\text{Daytime}}	-1991 Table Walter
90,07	OI Person	Alercode Davime	e reteptione extutioer
Name			
Name Enclosed is a check for			
		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

SERVICE THE STREET OF STREET SERVICES S

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUINTERO DELIVERY LLC					
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on or I Liability Company)	or records.)			
The Articles of Organization for this Limited Liability Companies Florida document number 1.24000361353	y were filed on 08/16/20	24	and ass	igned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lin	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designati	on "LLC" or the ab	breviation "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			(7) 717 717 (71)	2021	
agent and/or the new registered office address here:	address on our records.	, enter the nam	e of the nev	v regis	tered
			12 3		
Name of New Registered Agent:			32	ထ်	
New Povietared Off			- <u>; </u>	=	.∔∏ — —
New Registered Office Address:	lînter Florida stree	t culdrage	<u></u>	Ģ.	
				53	
	City	Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	•		z.ip Cogie		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as plaing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacit performance of my du	ties, and I am f	amiliar wii	h and	h the is
H Chan	ging Registered Agent, <u>Sig</u> r	nature of New Reg	istered Anos		
			c. c.i Agen	<u>-</u>	

17864194883

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

Title	<u>Name</u>	Address	Type of Action
AMBR	PEDRO LAGO	142 E 6TH ST HIALEAH FL 33010	≅Add
			C]Remove
			□Change
			DAdd
			□Remove
		-	
			□Remove
			
			Remove
			□ Change
			□ Add
			□Remove
			DChange
			🗇 Add
			□Remove
			□Change .

(II an et Note:	ive date, if other than the date of filing:
lie recor ord is fi	d 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.
Dated	10/8/30
•	10 ch 13 2019
	Signature of a member or authorized representative of a member
	(1) du 2 × 1030
	Typed or primed name of signee

Filing Fee: \$25.00