

To:

12/02/24, 10:29:12 AM

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2024-12-04 05:40:11 UTC-14

DIVISION OF CORPORATIONS

18506176383

From: ZenBusine

L201000488099
H24000397645

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.,
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

2024 DEC -3 AM 9:48

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
QUICKCHEK FIRE & SERVICE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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T. LEMIEUX

DEC 4 2024

Electronic Filing Menu

Corporate Filing Menu

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TO
ARTICLES OF ORGANIZATION
OF

H24000397645 3

QUICKCHECK FIRE & SERVICE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/19/2024 and assigned
Florida document number 1.24000488094.

This amendment is submitted to amend the following:

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

QuickCheck Fire & Service LLC

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)

8916 N Orleans Avenue

Tampa, FL 33604-1130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8916 N Orleans Avenue

Tampa, FL 33604-1130

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:

New Registered Office Address:

Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Aristides Hechavarria	8916 N Orleans Avenue	<input checked="" type="checkbox"/> Add
		Tampa, FL 33604-1130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Aristides Hechavarria	8916 N Orleans Avenue	<input type="checkbox"/> Add
		Tampa, FL 33604-1130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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