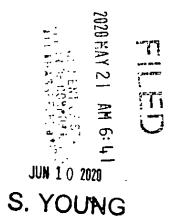
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(Reques	itor's Name)
(Addres	s)
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(City/Sta	ite/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:
	<u> </u>
	ffice Use Only



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05/31/20--01003--016 **25.00



COVER LETTER

Division of Corporations	
SUBJECT: C'KUANTIA Z Name of Foreign Limited Lia	bility Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	e following:
Jessica Montanagro Name of Person	
EKUDNTIO LLC Firm/Company	_
8180 Nw 36T4 5T #310 Address	<u>></u>
ODROL, FL 33/66 City/State and Zip Code	_
INFO C EKUDATIOUC. Co E-mail address: (to be used for future annual report notifica	OM ation)
For further information concerning this matter, please call: Jannifar Durau at (754) Name of Person Area Code	2132141 e & Daytime Telephone Number
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
Enclosed is a check for the following amount:	
□ \$30 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Certificate of Status Certified 0	-

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Compa	iny as it appea	rs on the	records of the Fl	lorida Departm	ent of	
State: CKUE	WITI	\bigcirc	220	`i -		
Enter new principal office address,			_			2020 HAY 21
(Principal office address					ار در پرس	
MUST BE A STREET ADDRESS)		<u> </u>	···-	ر میں جور اور	_2
						ف ا
Enter new mailing address, if applie	cable:				, 7	
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX)</u>						•
<u></u>		-		<u> </u>		
						
2. The Florida document number of	f this limited li	ability co	mpany is: <u></u>	1900	000 46	,54
3 Jurisdiction of its organizations		00%	1420R	'C		
3. Jurisdiction of its organization:4. Date authorized to do business i		1	20.1	<u> </u>	0010	
4. Date authorized to do business i	n Florida:		<u>a</u> y	-7 ,	<u> </u>	
SECTION II (5-9 complete only t	he applicable	changes])			
5. New name of the limited liability	у сотрапу: _					
	(mu:	st contain	"Limited Liabil	ity Company,	"."L.L.C.," or "	LLC.")
(16)						
(If name unavailable, enter alternate copy of the written consent of the n	nanagers or ma	anaging n	nembers adopting	acting business g the alternate	in Florida and a name. The alter	attach a nate name
must contain "Limited Liability Co	mpany," "L.L.	.C." or "L	LC.")	O		
If amending the registered agent registered agent and/or the new reg	and/or register	red officer address ha	r address on our	records, enter	the name of the	new
	there a diffee a	iddios, in	<u></u>			
Name of New Registered Agent:	0100	// 1	مبه ر د	<u></u>	3.0	
New Registered Office Address:	<u>8180</u>	NW	C6 14	0/ II	1110	
			tinter	r ioriaa Sireet	Address 22 k	
	_		36 TU Enter DR a L City	, Flo	orida <u>JO / (</u> Zin Cov	<u>06</u>
			City		zip Col	IC.

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.

tle/Capacity	<u>Name</u>	Address Type	of Actio
ambre	ANGEL TO ARCOS	8180 Nw 365T #310. Dola 3316.	6 % Add
			□Reme
ımbae	bassica Mentenieseo	5955 NW 105 CT # 804 DOBS/ 33178	⊠Add
		91005 Dadeland Blyd #1500 Hiami 33156	ØRcm
			□Add
			□Rcm
			□Add
			□Rcm
			□Add
aforemention	certificate, if required: no more than 90 of amendment(s), duly authenticated by nder the law of which this entity is organ	the official having custody of records in the	□Rem

Filing Fee: \$25,00