

11-27-2019

Division of Corporations

**418000197031**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : TAXLEAF.COM LLC  
Account Number : 120140000084  
Phone : (305)541-3980  
Fax Number : (888)772-8108

\*\*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  
QQR INVESTMENTS LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

11-27-2019 11:28:46 AM

2019 DEC -2 PM 1:37

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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QRR INVESTMENTS 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 08/20/2018 and assigned Florida document number L18000199031

This amendment is submitted to amend the following:

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

ALL IN PARTS 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:

7901 CUMBERLAND PARD DR APT 8104

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32821

Enter new mailing address, if applicable:

7901 CUMBERLAND PARD DR APT 8104

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32821

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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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SOLANO DE RAMIREZ VENTURA MAGDALENA	7901 CUMBERLAND PARD DR APT 8104	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32821	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SOLUTIONS BY ACCOUNTANT, INC	1549 NE 123RD ST	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

