L11000024056

(Requestor's Name)
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(Document Number)
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SECRETARY OF STATES

JUN = **5** 2015 **T. BROWN**

COVER LETTER

O'Quinn	Stumphauzer, P.L.								
Name of Limited Liability Company									
The enclosed Articles	of Amendment and fee(s) are submitted for filing.								
Please return all corres	pondence concerning this matter to the following:								
	Ryan Dwight O'Quinn								
	Name of Person	n							
	O'Quinn Stumphauzer & Sloman, PLLC								
	Firm/Company	7							
	1 SE 3rd Ave., Suite 1820								
	Address								
	Miami, FL. 33131								
	City/State and Zip C	Code							
	E-mail address: (to be used for future an	nual report notification)							
For further information	concerning this matter, please call:								
Ryan O'Quinn	305	371-9686							
Name	of Person at (Daytime Telephone Number							
Enclosed is a check for	the following amount:								
S25.00 Filing Fee	■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee Certificate of Status Certified Copy (additional copy in	y Certificate of Status &							

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



June 2, 2015

RYAN DWIGHT O'QUINN O'QUINN STUMPHAUZER & SLOMAN, PL 1 SE 3RD AVE STE 1820 MIAMI, FL 33131

SUBJECT: O'QUINN STUMPHAUZER, P.L.

Ref. Number: L11000024056

We have received your document for O'QUINN STUMPHAUZER, P.L. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 315A00011547

Teresa Brown Regulatory Specialist II

www.sunbiz.org

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>	<u>Address</u>	Type of Action
MBR	Ryan O'Quinn	I SE 3rd Ave., Suite 1820	□ Add
		Miami, FL. 33131	□ Remove
			E Change
MBR	Ryan Stumphauzer	1 SE 3rd Ave., Suite 1820	
		Miami, FL. 33131	□ Remove
			■ Change
MBR	Jeff Sloman	1 SE 3rd Ave., Suite 1820	Add
		Miami, FL. 33131	□ Remove
			Change
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Filing Fee: \$25.00