

L11000024056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

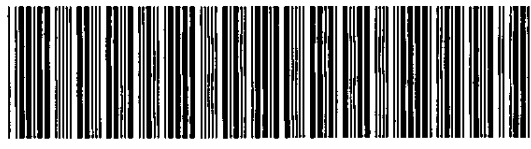
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN -5 2015

T. BROWN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 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 correspondence concerning this matter to the following:

Ryan Dwight O'Quinn

Name of Person

O'Quinn Stumphauzer & Sloman, PLLC

Firm/Company

1 SE 3rd Ave., Suite 1820

Address

Miami, FL. 33131

City/State and Zip Code

roquinn@osslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan O'Quinn

at ( 305 ) 371-9686

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 315A00011547

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>
MBR	Ryan O'Quinn	1 SE 3rd Ave., Suite 1820	<input type="checkbox"/> Add
		Miami, FL. 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	Ryan Stumphauzer	1 SE 3rd Ave., Suite 1820	<input type="checkbox"/> Add
		Miami, FL. 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	Jeff Sloman	1 SE 3rd Ave., Suite 1820	<input checked="" type="checkbox"/> Add
		Miami, FL. 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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