

U3000159084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

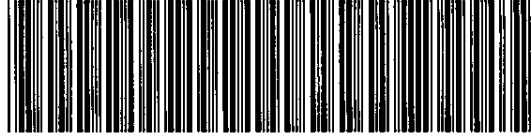
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRO QUALITY DRYWALL & PAINT LLC
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:

JORGE A. ARA
Name of Person
PRO QUALITY DRYWALL & PAINT LLC
Firm/Company
7607 RAMONA STREET
Address
MIRAMAR, FLORIDA 33023
City/State and Zip Code
JIMENEZACCOUNTING@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

JORGE A. ARA at (954) 549-8458
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 11/13/13 and assigned Florida document number L13000159084

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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**

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 | ETHEL A. RODRIGUEZ | 7607 RAMONA STREET | <input type="checkbox"/> Add |
| | | MIRAMAR FL 33023 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TREASURY DEPT. BUILDING

E. Effective date, if other than the date of filing: _____ (optional)

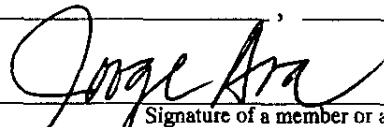
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 12TH, 2015

f 
Signature of a member or authorized representative of a member

Jorge Ara.
Typed or printed name of signee



Detail by Entity Name

Florida Limited Liability Company

PRO QUALITY DRYWALL & PAINT "LLC"

Filing Information

| | |
|----------------------|--------------|
| Document Number | L13000159084 |
| FEI/EIN Number | NONE |
| Date Filed | 11/13/2013 |
| Effective Date | 11/12/2013 |
| State | FL |
| Status | ACTIVE |
| Last Event | LC AMENDMENT |
| Event Date Filed | 10/08/2015 |
| Event Effective Date | NONE |

Principal Address

7971 RIVIERA BLVD SUITE 202
MIRAMAR, FL 33023

Changed: 10/08/2015

Mailing Address

7971 RIVIERA BLVD SUITE 202
MIRAMAR, FL 33023

Changed: 10/08/2015

Registered Agent Name & Address

ARA, JORGE A
7607 RAMONA STREET
MIRAMAR, FL 33023

Authorized Person(s) Detail

Name & Address

Title Manager

ARA, JORGE A
7607 RAMONA STREET
MIRAMAR, FL 33023

Title Authorized Member

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RODRIGUEZ, ETHEL A
7607 RAMONA STREET
MIRAMAR, FL 33023

Title AMBR

TOMLINSON, ROLANDO
4301 NW 198TH TERR
MIAMI, FL 33055

Annual Reports

| Report Year | Filed Date |
|--------------------|-------------------|
| 2014 | 02/10/2014 |
| 2015 | 03/17/2015 |

Document Images

| | |
|--|--|
| <u>10/08/2015 -- LC Amendment</u> | View image in PDF format |
| <u>03/17/2015 -- ANNUAL REPORT</u> | View image in PDF format |
| <u>02/10/2014 -- ANNUAL REPORT</u> | View image in PDF format |
| <u>11/13/2013 -- Florida Limited Liability</u> | View image in PDF format |