

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 : ALLEN DELL, P.A. Account Number : 120040000136 Phone : (813) 223-5351 Fax Number : (813)229-6682

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN Q AND L ENTERPRISE, LLC

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6/2/2014

N. Quillean JUN 3 - 2014 From:

06/02/2014 08:44

#051 P.002/005

COVER LETTER

TO:

Registration Section **Division of Corporations**

Q AND L ENTERPRISE, 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:

Gregory A. Richards, Jr. Name of Person Allen Dell P.A. Firm/Company 202 South Rome Avenue, #100 Address Tampa, Florida 33606 City/State and Zip Code

qandl8416@verizon.net

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

For further information concerning this matter, please call:

Gregory A. Richards, Jr., Esquire at 813 223-5351

Name of Person

Enclosed is a check for the following amount:

■ \$25.00 Filing Fce

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fec, 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

From:

06/02/2014 08F44L E 1051 P.003/005

2014 JUN -2 AN 8: 01

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	AND L ENTERPRISE, LLC	
(Name of the Limited (A	Liability Company as it now appears or Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number L03000045899		ember 19, 2003 and assigned
This amendment is submitted to amend the following	mg:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the wor Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	gnation "L.L.C." or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet 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

06/02/2014 08:44 #051 P.004/005

From:

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
MEMBER	Joseph Q. Mitchell	8416 Poinsettia Drive	_□ Add
		Temple Terrace, FL 33637	_■ Remove
		**Will remain as Manager*	k
MEMBER La	Larry M. Rushing	8416 Poinsettia Drive	□ Add
		Temple Terrace, FL 33637	Remove
		Will remain as Manager	_
			_□ Add
			□ Remove
			□ Add
			□ Remove
···· L ··· · · · · · · · · · · · · · · · · ·	***************************************		□ Add
			□ Remove
			⊒ Add
			l Remove

D. If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to detect the date this document is filed by the Florida Department.)	date of receipt or filed date and cannot be more than 90 days after
Dated May 29	, 2014
Diegory a. K	icharda J. a member or authorized representative of a member
	Jr., Esquire, Authorized Representative

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Filing Fee: \$25.00

