

LD0000072097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300243691723

01/16/13--01026--005 **30.00

FILED
2013 JAN 24 PM 4:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 25 2013
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2013

GARY LAPLANT
5120 LE TOURNEAU CIR
TAMPA, FL 33610

SUBJECT: QUALITY MOVERS FLORIDA ENTERPRISES, LLC
Ref. Number: L06000072097

We have received your document for QUALITY MOVERS FLORIDA ENTERPRISES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 313A00001362

2013 JAN 24 PM 4:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUALITY MOVERS FLORIDA 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:

GARY LAPLANT

Name of Person

Firm/Company

5120 LE TOURNEAU CIR

Address

TAMPA FL 33610

City/State and Zip Code

floridasuncoast@hotmail.com

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

For further information concerning this matter, please call:

Gary Laplant

Name of Person

at (813) 313-8741

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

FILED
2013 JAN 24 PM 4:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

QUALITY MOVERS FLORIDA ENTERPRISE, 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 07-19-06 and assigned
Florida document number L06000072097.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5120 LE TOURNEAU

TAMPA FL 33610

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

GARY LAPLANT

New Registered Office Address:

5120 LE TOURNEAU CIR

Enter Florida street address

TAMPA

, Florida 33610

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

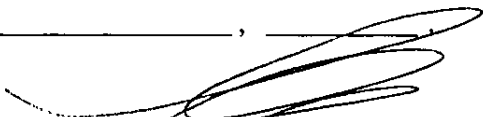
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PIMPIS ALGIS	604 BRIGDADOON SR	<input type="checkbox"/> Add
		CLEATWATER	<input checked="" type="checkbox"/> Remove
		FL 33759	
MGR	AARON PIMPIS	9063 DIXIANA VILLA CIR	<input type="checkbox"/> Add
		TAMPA	<input checked="" type="checkbox"/> Remove
		FL 33635	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2013 JAN 24 PM 4:37
CLERK OF SUPERIOR COURT
FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____,



Signature of a member or authorized representative of a member

Gary Casavant

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2018 JAN 24 PM 4:37
CLERK OF STATE
TALLAHASSEE FLORIDA