## L07000126015

(Re	questor's Name)	
(Ad	dress)	\$18 <b>55</b> 10.14
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JAN 21 2010 EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2010

JAMES ANTHONY CREWS Q.M.S. LLC 2413 BAYSHORE BLVD., #1401 TAMPA, FL 33629

SUBJECT: PROFESSIONAL CONSTRUCTION & REAL ESTATE

MANAGEMENT LLC

Ref. Number: L07000126015

We have received your document for PROFESSIONAL CONSTRUCTION & REAL ESTATE MANAGEMENT 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 710A00001039

## **COVER LETTER**

Division of Co	rporations		
suвјест: Profes		& Real Estate Managem	ent LLC
	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	J	ames Anthony Crews	
		Name of Person	•
		Q.M.S. LLC	
		Firm/Company	
	241	3 Bayshore Blvd. #1401	
		Address	
		Tampa, FL 33629	
		City/State and Zip Code	
	j <b>CCr</b> E-mail address: (i	usin@tampabay.rr.com to be used for future annual report notificat	tion)
For further information	concerning this matter, please of	all:	
	s Anthony Crews		27-9665
Name	of Person	Area Code & Daytime T	elepnone Number
Enclosed is a check for t	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:** 

TO:

Registration Section

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

FILED

2010 JAN 20 PM 1 09

Professional Construction & Real Estate Management LLCRY OF STATE (Name of the Limited Liability Company as it now appears on our records. HASSEE. FLORIDA (A Florida Limited Liability Company)

TALL HASSEE. FLORIDA

This amendment is submitted to amend the fo	llowing:		
A. If amending name, <u>enter the new name</u>	of the limited li	ability company here:	Jc /-19.2010
			NCTIVE MANAGEMENT L
The new name must be distinguishable and end w 'L.L.C."	- CA 11911	<u> </u>	
Enter new principal offices address, if applicable:		SAME	
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		0445	
Dutti utw mannig audites, n applicable.		SAME	
(Mailing address MAY BE A POST OFFICE	E BOX)	SAME	
• • • • • • • • • • • • • • • • • • • •	E <i>BOX</i> )	SAME	
Mailing address MAY BE A POST OFFICE			
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and	l/or registered	office address on our i	
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered	l/or registered office address t	office address on our i	
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and	l/or registered office address t SAME	office address on our i	
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered	l/or registered office address t	office address on our i	records, <u>enter the name of the ne</u>
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	l/or registered office address t SAME	office address on our i	records, enter the name of the ne
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	l/or registered office address t SAME	office address on our i	records, <u>enter the name of the ne</u>

If Changing Registered Agent, Signature of New Registered Agent

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 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 Title Name **Address Type of Action** N/A □ Add Remove Remove □ Add Remove ☐ Add Remove \_\_\_Add \_\_\_Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_\_\_ January 11th 2010 Signature of a member or authorized representative of a member James Anthony Crews
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00