

L08000000592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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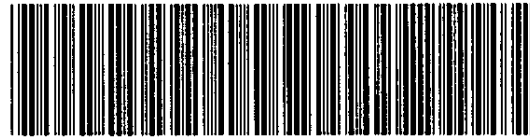
(Business Entity Name)

(Document Number)

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10 JUL 27 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Ollison JUL 28 2010

COVER LETTER

**TQ: Registration Section
Division of Corporations**

SUBJECT: L. Q. Properties
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:

Harlan Bost
Name of Person

Firm/Company

1954 San Marie Drive South
Address

Jacksonville, FL 32217
City/State and Zip Code

hsbost@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harlan Bost at (904) 237-9718
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**

FILED
10 JUL 27 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L. Q. Properties, 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 January 2, 2008 and assigned Florida document number L08000000592.

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:

1954 San Marie Drive South

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32217

Enter new mailing address, if applicable:

1954 San Marie Drive South

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32217

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:

Patricia Bost

New Registered Office Address:

1954 San Marie Drive South

Enter Florida street address

Jacksonville

Florida

32217

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	Lawrence Quinn	15435 Cape Drive North Jacksonville, FL 32226	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Patricia Bost	1954 San Marie Drive South Jacksonville, FL 32217	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Harlan Bost	1954 San Marie Drive South Jacksonville, FL 32217	<input checked="" 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

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

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TALLAHASSEE, FLORIDA

Dated 7/21/10, _____

Lawrence Quinn

Signature of a member or authorized representative of a member

Lawrence Quinn

Typed or printed name of signee