

209000003736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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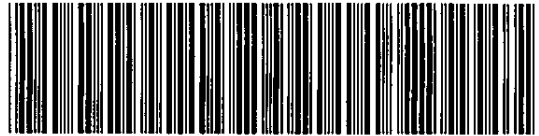
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAR 20 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A + Quality Management, 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:

Samuel Bellegarde
(Name of Person)

250 Lake Monterey Circle
(Firm/Company)

Boynton Bch FL 33426
(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel Bellegarde at (561) 436-3419
(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**

A + Quality Management, 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 01-13-09 and assigned

Florida document number L09000003736

This amendment is submitted to amend the following:

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

Same

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)

Same

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:

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 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

Title	Name	Address	Type of Action
MGRM	Samuel Bellegarde	2201 NE 2nd Avenue Delray Bch FL 33444	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Samuel Bellegarde	250 ^{Lake} Monterey Circle Boynton Bch FL 33426	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MarieTo Louis	2201 NE 2nd Ave Delray Bch FL 33444	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Marie Anges Louis	3544 Hallow Ave Boynton Bch FL 33436	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Natacha Jeanty Semexant	1 Southern Cross lane Apt. 205 Boynton Bch FL 33436	<input checked="" 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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 09 MAR 19 PM 3:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated March 16th, 2009.

Samuel Bellegarde
Signature of a member or authorized representative of a member

SAMUEL BELLE GARDE
Typed or printed name of signer