

L090000050655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

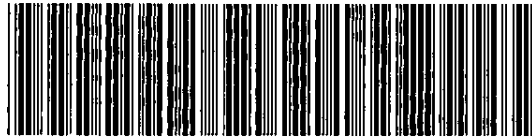
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FILED
09 DEC 23 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

DEC 24 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 24, 2009

MICHAEL A MCCUTCHEON
18232 PHLOX DRIVE
FORT MYERS, FL 33967

SUBJECT: HOCKEY PRO PLUS, LLC
Ref. Number: L09000050655

We have received your document for HOCKEY PRO PLUS, LLC and your check(s) totaling \$25.00. 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 709A00039173

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOCKEY PRO PLUS, 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:

MICHAEL A. MCCUTCHEON

Name of Person

HOCKEY PRO PLUS, LLC

Firm/Company

18232 PHLOX DRIVE

Address

FORT MYERS, FL 33967

City/State and Zip Code

MAGICMIKE66@COMCAST.NET

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

For further information concerning this matter, please call:

MICHAEL A. MCCUTCHEON

Name of Person

at (239)

287-4917

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**

HOCKEY PRO PLUS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/22/2009 and assigned
Florida document number L09000050655.

This amendment is submitted to amend the following:

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

QUALITY PRODUCTS SUPPLY, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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DEC 23 2009
SECURITY DIVISION
FALLS CHURCH, VA

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

PHONE: (239) 287-4917

Dated JAN. 04 2010



Signature of a member or authorized representative of a member

MICHAEL MCCUTCHEON

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00