

LD900010/893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

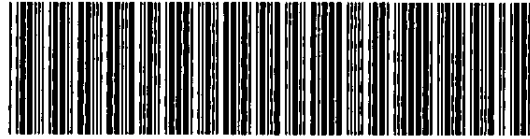
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FILED
2015 APR 29 PM 4:05
STATE ARCHIVE OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 29 2015



4-29-15
Attention: Karen
Pg 1 of 7

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2015

SHANNA PRIMEAUX
QUALITY RENOVATION SERVICES LLC
21520 KENYON AVE
PT CHARLOTTE, FL 33952 US

SUBJECT: QUALITY RENOVATION SERVICES LLC
Ref. Number: L09000101893

We have received your document for QUALITY RENOVATION SERVICES LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration Section.

Letter Number: 315A00008142

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: Quality Renovation Services 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:

Shanna Primeaux
Name of Person

Quality Renovation Services LLC
Firm/Company

21520 Kenyon Ave
Address

PT Charlotte, FL 33952
City/State and Zip Code

Capricorn1784@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shanna Primeaux at (941) 740-0161
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**

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

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CLERK OF THE STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10-22-2009 and assigned Florida document number L09000101893

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)

Claude A. Caron
21520 Kenyon Ave
Port Charlotte, FL 33952

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Claude A. Caron	21520 Kenyon Av Port Charlotte, FL 33952	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LOUIS O. DIAS	410 GLENRIDGE AVE PORT CHARLOTTE, FL 39952	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 1st, 2015

Shanna Primeaux

Signature of a member or authorized representative of a member

Shanna Primeaux

Typed or printed name of signer

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2015 APR 29 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA