

L10 0000025290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

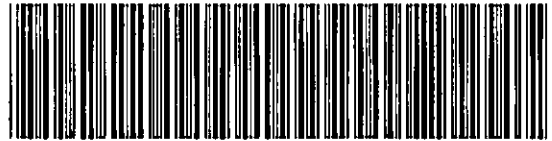
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Net Quest Management 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:

Charles R. Northey Jr.

Name of Person

Firm Company

246 McLean Point

Address

Winter Haven, FL 33884

City/State and Zip Code

SKYpowersports1@gmail.com

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

For further information concerning this matter, please call:

Charles R. Northey Jr.

Name of Person

at (863)

Area Code

412-0768

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Net Quest Management Services, 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 March 5th, 2010 and assigned Florida document number L10000025290.

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 contain 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)

246 McLean Point
Winter Haven, FL 33884

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:

Charles R. Northey, Jr.

New Registered Office Address:

246 McLean Point

Enter Florida street address

Winter Haven

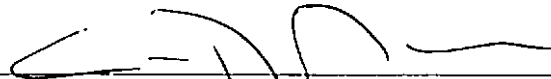
City

Florida 33884

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGRM	Mark Ruggieri	_____	<input type="checkbox"/> Add
		130 BATES AVE SW, Suite 101	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	Charles R. Northey Jr	246 McLEAN Point, Winter Haven, FL 33884	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGRM	Certipay PED Solutions, Inc	_____	<input type="checkbox"/> Add
		130 BATES AVE SW, STE 101	<input checked="" type="checkbox"/> Remove
		Winter Haven, FL 33880	
		_____	<input type="checkbox"/> Change
MGRM	Denny A. Wilson	_____	<input type="checkbox"/> Add
		130 BATES AVE SW, STE #101	<input checked="" type="checkbox"/> Remove
		Winter Haven, FL 33880	
		_____	<input type="checkbox"/> Change
CEO	Robert B Morgan	_____	<input type="checkbox"/> Add
		130 BATES AVE SW, STE #101	<input checked="" type="checkbox"/> Remove
		Winter Haven, FL 33880	
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

