

L11000020130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

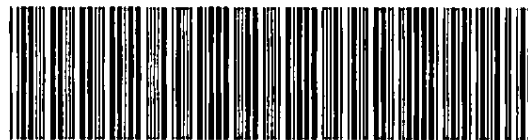
(Business Entity Name)

(Document Number)

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2022 SEP 19 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FL

g 12/12/2022

COVER LETTER

TO: Registration Section
Division of Corporations

D and S Quimby **Ent LLC**

SUBJECT: _____
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:

Scott Quimby

Name of Person

D and S Quimby **Ent. LLC**

Firm/Company

1265 NW 90th Terrace

Address

Pembroke Pines, FL 33024

City/State and Zip Code

Scott.quimby@snapon.com

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

For further information concerning this matter, please call:

Scott Quimby

954 552-1342

at ()

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 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

FILED

S and S Quimby Ent LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 SEP 19 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FL
and assigned

The Articles of Organization for this Limited Liability Company were filed on 02-16-2011

Florida document number L11000020130

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)

1205 NW 90th terrace
Pembroke Pines, FL
33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1205 NW 90th terrace
Pembroke Pines, FL
33024

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:

Scott Quimby

New Registered Office Address:

1205 NW 90th terr

Enter Florida street address

Pembroke Pines

City

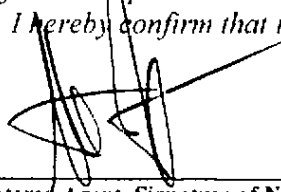
Florida

33024

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>
<u>B</u>	<u>Christine Quimby</u>	<u>6720 SW 50th Ct.</u>	<input type="checkbox"/> Add
		<u>Davie, FL 33314</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGRM</u>	<u>Scott Quimby</u>	<u>6720 SW 50th Ct.</u>	<input type="checkbox"/> Add
		<u>Davie, FL 33314</u>	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>B</u>	<u>Scott Quimby</u>	<u>1265 NW 90th Terr</u>	<input type="checkbox"/> Add
		<u>Pembroke Pines, FL</u>	<input type="checkbox"/> Remove
		<u>33024</u>	<input type="checkbox"/> Change
<u>MGRM</u>	<u>Christine Quimby</u>	<u>6720 SW 50th Ct.</u>	<input checked="" type="checkbox"/> Add
		<u>Davie, FL 33314</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Change Scott Quimby to 51% ownership
Change Christine Quimby to 49% ownership.

Please change the Director position or title from Christine Quimby to Scott Quimby.

Please change MGRM from Christine Quimby to Scott Quimby.

Please change Principal office address and mailing address from
6720 SW 56th Ct. to 1265 NW 90th Ter
Davie, FL 33314 to Pembroke Pines, FL.
33024

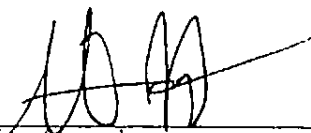
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____

Christine Quimby 
Signature of a member or authorized representative of a member

Christine Quimby Scott Quimby
Typed or printed name of signee