

211 000131046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

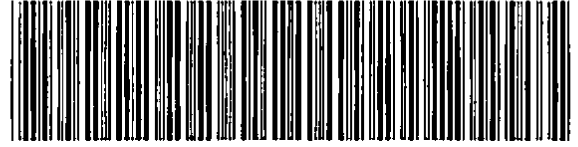
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2019 SEP 10 8:23

Amend

SEP 10 2019

ALERT TON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MADD QUALITY, 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:

ANDREW SIEGERMAN

Name of Person

SIEGERMAN & COMPANY

Firm/Company

6231 PGA BOULAVARD SUITE 104-532

Address

PALM BEACH GARDENS, FLORIDA 33418

City/State and Zip Code

ANDY@SIEGERMAN.COM

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

For further information concerning this matter, please call:

ANDREW SIEGERMAN

at (561)

232-2080

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

ENCLOSURE 2010 10 10 11:10 AM

2018
 8:33

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

_____, **Florida** _____
City | *Zip Code*

Page 1 of 3

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>
MGR	MURAT ACIKGOZ		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		MGRM TO MGR	<input checked="" type="checkbox"/> Change
MGR	ARZU ACIKGOZ		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

1

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

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.

(b) The 90th day after the record is filed.

Signature _____

MURAT ACIKGOZ

Filing Fee: \$25.00