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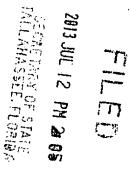
(Requ	estor's Name)		
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(City/S	State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL.	
(Business Entity Name)			
(Docu	ment Number)	1	
Certified Copies	Certificates	s of Status	
Special Instructions to Fil	ing Officer:		
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Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

FEDERAL QUOTE 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:

JOE BRETTI

Name of Person

FEDERAL QUOTE LLC

Firm/Company

4770 BUCIDA

Address

BOYNTON, FL 33436

City/State and Zip Code

JOE.BRETTI@GMAIL.COM

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

For further information concerning this matter, please call:

JOE BRETTI

ູ 561 (**305-140**(

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

ility Company as it now appears o	n our records.)
da Limited Liability Company)	
y Company were filed on MAR	7th 2012 and assigned
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limited liability company here:	
words "Limited Liability Company,	" the designation "LLC" or the abbreviation
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gistered office address on our address <u>here</u> :	records, enter the name of the new
Enter	Florida street address
	, Florida
City	Zip Code
	imited liability company here: words "Limited Liability Company, DRESS) gistered office address on our ddress here: Enter

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SCOTT BALLIN	5301 N. Federal Hwy	Add
		Boca Raton, FI 33487	Remove
			Add
,		Σ _α Επ	Remove
		WHYSEE. E	
		C T	Remove
			Add
			Remove
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	nation, enter change(s) here: (Attach additional sheets, Bretti 50% ownership	if necessary.)
Joseph D. B	retti 50% ownership	
•		
Dated July 7th	2013	
\mathcal{I}	aville Buttli	
Danielle Bretti	ignature of a member or authorized representative of a memb	er
·	Typed or printed name of signee	· ·
	Page 3 of 3	700 B
	Filing Fee: \$25.00	POR JUL 12 PH 2