

L12000118454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

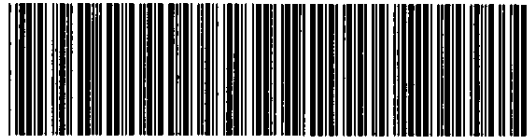
(Business Entity Name)

(Document Number)

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FILED  
14 AUG 20 PM 1:45  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

AUG 21 2014

T. BROWN

COVER LETTER

Attn: Mrs. Brown  
(New Amendment)

TO: Registration Section  
Division of Corporations

SUBJECT: Classic Treasures  
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:

John Doran  
Name of Person

Firm/Company

149 Colonial Pine Ln  
Address

Minneola, FL 34715  
City/State and Zip Code

tdoran25@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeannette Quintulen at (407) 404-8936  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2014

JEANNETTE QUINTULEN  
CLASSIC TREASURES, LLC  
15640 CARRIAGE HILL COURT  
CLERMONT, FL 34711

SUBJECT: CLASSIC TREASURES, LLC  
Ref. Number: L12000118454

We have received your document for CLASSIC TREASURES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Teresa Brown  
Regulatory Specialist II

Letter Number: 614A00015948

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Classic Treasures, LLC

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

FILED  
14 AUG 20 PM 1:45  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9-17-2012 and assigned  
Florida document number L12000118454

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)

556 S. Hwy 27 Ste A  
Minneola, FL 34715

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

149 Colonial Pine Ln  
Minneola, FL 34715

**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:

John Doran

New Registered Office Address:

149 Colonial Pine Ln

Enter Florida street address

Minneola

City

, Florida

\* 34715

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.

[Signature]  
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>
Pres.	Jeannette Quintalen	15640 Carriage Hill Crt.	<input type="checkbox"/> Add
		Clermont, FL 34211	<input checked="" type="checkbox"/> Remove
Pres	John Doran	149 Colonial Pine Ln	<input checked="" type="checkbox"/> Add
		Minneola, FL 34715	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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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 7-1-14, \_\_\_\_\_.

<u>Jeannette Quintulen</u>	<u>John Doran</u>
<small>Signature of a member or authorized representative of a member</small>	<small>Signature of a member or authorized representative of a member</small>
<u>Jeannette Quintulen</u>	<u>John Doran</u>
<small>Typed or printed name of signee</small>	<small>Typed or printed name of signee</small>