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B. BOSTICK

MAR - 7 2014

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

S & SONS QUALITY SERVICE 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:

KALNOY, SERGEY Name of Person S & SONS QUALITY SERVICE LLC Firm/Company 1206 CROSSBOW LN. Address TARPON SPRINGS, FL 34689 City/State and Zip Code kalnoysergey@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kalnoy, Sergey Name of Person Area Code Daytime Telephone Number

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

■ \$30.00 Filing Fee & Certificate of Status

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

s on our records.) 0/25/2013 and ass	signed
25/2013 and ass	signed
<u>re</u> :	
designation "LLC" or the abbreviation "l	L.C."
SBOW LN.	
PRINGS, FL	٠.
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SBOW LN.	
ress, if applicable: 1206 CROSSBOW LN. TARPON SPRINGS, FL	
	SBOW LN. PRINGS, FL SBOW LN. PRINGS, FL

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	Name	Address		Type of Action
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e date this document is filed by the Florida Department of State)	
pated 03/03/2014	·
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Signature of a member or auth	orized representative of a member
Signature of a member or auth	orized representative of a member

Page 3 of 3

Filing Fee: \$25.00