L13000177886

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2016

KAREN QUINN 944 CLUB HILLS DRIVE EUSTIS, FL 32726

SUBJECT: K QUINN LLC Ref. Number: L13000177886

We have received your document for K QUINN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 316A00016685

COVER LETTER

Division of Corp.	of actions	
SUBJECT:	KOUINN LLC	
	Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	KAREN QUINN Name of Person	
	Name of Person	
	K QUINN LLC Firm/Company	
	Firm/Company	
	944 Club Hills D	
	Address	
	Address EVSTS H 32726 City/State and Zip Code K3DUNNOME. COM E-mail address: (to be used for future annual report notification)	
•	City/State and Zip Code	
	K3DUINNOME. COM	
	E-mail address: (to be used for future annual report notification)	77
For further information con	cerning this matter, please call:	; }
KAner	Cerning this matter, please call: at (352) 5/6-09// Person Area Code Daytime Telephone Number	7
Name of F	Area code Dayinne receptione reunitoring.	j
Enclosed is a check for the	2	
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy Mailed Chedy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

. .

	QUINN LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 12-30-201	3 and assigned `
Florida document number <u>L130001778</u>	.86	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Audit Solut		
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
·		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		nter the name of the ne
		P 2
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	•	
	, Florid	Zip Çode
New Registered Agent's Signature, if changing Registered		
		F 10

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
	•

Title.	<u>Name</u>	Address	Type of Action
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			□ Remove
			☐ Change
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			Remove
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Filing Fee: \$25.00