

L13000177886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

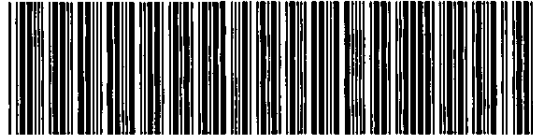
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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2015 AUG 29 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 30 2015
D. BRUCE



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

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2016 AUG 29 P 2:32

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

K QUINN 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:

Karen QUINN
Name of Person

K QUINN LLC
Firm/Company

944 CLUB Hills Dr
Address

EUSTIS FL 32726
City/State and Zip Code

K3QUINN@me.com

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

For further information concerning this matter, please call:

Karen QUINN
Name of Person

at (352)
Area Code

516-0911
Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG 29 PM 2:32

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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)

*Mailed Check
Already Prior*

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

OB

K QUINN LLC

Audit Solutions LLC

Page 1 of 3

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2018 AUG 29 PM 3:32
Zip Code
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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> |
|--------------|-------------|----------------|--------------------------------------------|
| | | | <input type="checkbox"/> Add |
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2016 AUG 29 PM 2:32
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TALLAHASSEE, FLORIDA

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SITTING
ALL HASSEL, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated August 26, 2016

Sam Allen
Signature of a member or authorized agent

Signature of a member or authorized representative of a member

KAREN QUINN

Typed or printed name of signee