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(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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FEB 1 4 2014
EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Q Se	lls Homes LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Quyen Trujil	lo	
		Name of Person	
		Firm/Company	
	719 Shore D)r E	
	1100	Address	· .
	Oldsmar FL	34677	7.0 2
	qsellshomes@ya	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Quyen Truj	illo	,,813,409-7 ₄	446
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

Company as it now appears on our remitted Liability Company)	cords.)
mpany were filed on January 2	1, 2014 and assigned
d liability company here:	
S	
ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
<u>(S.S.)</u>	
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red office address on our rece ss here:	ords, enter the name of the
Enter Florida street aa	ldress
 Citv	, Florida Zip Code
	d liability company here: ed Liability Company," the designation SSS) red office address on our recess here: Enter Florida street address on our recess here:

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = N $AMBR = N$	Manager Authorized Member		, ,	
<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Actio
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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

•	•			
	· ·			· ·
fective date, if o	ther than the date	of filing:		(optional)
e effective date must e date this document	t be specific, cannot be part is filed by the Florida D	rior to date of receipt or filed da	ate and cannot be m	(optional) ore than 90 days after
e effective date must e date this document	t be specific, cannot be part is filed by the Florida D	rior to date of receipt or filed da	ate and cannot be m	(optional) ore than 90 days after
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Filing Fee: \$25.00