

L140000010128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

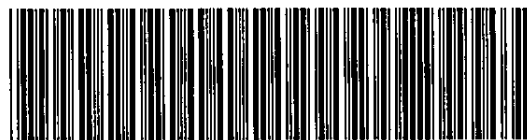
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100256602821

02/13/14--01013--009 **25.00

FILED
2014 FEB 13 AM 11:42
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

B POSTICK

FEB 14 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Q Sells Homes 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:

Quyen Trujillo

Name of Person

Firm/Company

719 Shore Dr E

Address

Oldsmar FL 34677

City/State and Zip Code

qsellshomes@yahoo.com

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

For further information concerning this matter, please call:

Quyen Trujillo

Name of Person

at

813 409-7446

Area Code

Daytime Telephone Number

FILED
2014 FEB 13 A 11:42
TALLAHASSEE, FL
SECRETARY OF STATE

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

Page 1 of 3

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> |
|--------------|-------------|----------------|---------------------------------|
| | | | <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 |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

2014 FEB 13 11:42
STATE OF TEXAS
CLERK OF COURT
COUNTY OF DALLAS

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

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 February 11, 2014



Signature of a member or authorized representative of a member

Quyen Trujillo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
FLORIDA DEPARTMENT OF STATE
FEB 13 2014

2014 FEB 13 A 11:02

FILED