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AUG 20 2014

I CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUARTERLY CONSULTANTS 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:

CLIFFORD WALKER
Name of Person

Firm/Company

2728 DAVIE BLVD #72
Address

FT LAUDERDALE, FL 33312
City/State and Zip Code

AVALANCHEFINL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clifford Walker at (954) 398-4465
Name of Person Area Code Daytime Telephone Number

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)

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

QUARTERLY CONSULTANTS, LLC

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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>
MGR	CLIFFORD WALKER	2728 DAVIE BLVD #72	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL	<input type="checkbox"/> Remove
		33312	
MGR	WILLIAM FOWLER	2728 DAVIE BLVD #72	<input type="checkbox"/> Add
		FT LAUDERDALE, FL	<input checked="" type="checkbox"/> Remove
		33312	
MGR	JAMES CLEAVER IV	2728 DAVIE BLVD	<input type="checkbox"/> Add
		FT LAUDERDALE, FL	<input checked="" type="checkbox"/> Remove
		33312	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Add EIN # 46-5624928

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

8/14/2014



Signature of a member or authorized representative of a member

Clifford Walker

Typed or printed name of signee

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Filing Fee: \$25.00

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DEPT OF TREASURY & STATE
TALLAHASSEE, FLORIDA