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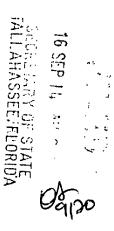
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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09/14/16--01015--011 **25.00



COVER LETTER

TO:		stration Secsion of Corp		•	
SUB.	JECT:	Quick Read	, LLC	٠.	
	•		Name of Lim	ited Liability Company	
The e	enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return	all correspor	ndence concerning this matter	to the following:	
			Michele Caneen		
				Name of Person	
			Quick Read, LLC		
				Firm/Company	
			3459 Seagrape Dr		
				Address	
			Sarasota, FL 34242		
				City/State and Zip Code	
			s8715@yahoo.com		
			E-mail address: (to be used for future annual report notifi	cation)
For f	urther in	formation co	oncerning this matter, please ca	all:	
Stua	ırt McGu	ire		407 756-9635 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
Encl	osed is a	check for th	e following amount:		
₽ \$	\$25.00 Fi	ling 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

TO ARTICLES OF ORGANIZATION OF

(2.19,114, 4.	ed Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Lie Florida document number	ability Company	were filed on	and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		3459 Seagrape Dr.		
(Principal office address MUST BE A STREE)		Sarasota, FL 34242		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he				
			ter the name of the	
registered agent and/or the new registered of			ter the name of the	
	fice address her	<u>e</u> :	So o	
registered agent and/or the new registered of		<u>e</u> :	$\Sigma_{(o)}$	
registered agent and/or the new registered of	fice address her	DR	34242	
registered agent and/or the new registered of	3459 Seagrape	DR Enter Florida street address	500 500 500 500 34942	

If Changing Registered Agent, Signature of New Registered Agent

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.

$\underset{\iota}{\underline{\text{or removed from our records:}}}$

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PRES	Stuart McGuire	3459 Seagrape Dr	_
		Sarasota, FL 34242	_□ Remove
			 _
			Change
			□ Add
			Remove
			Change
			☐ Remove
		Change	
			SA S
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	e date, if other than the date of filing: (op	tional)	0207
an effec Note: If	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aft f the date inserted in this block does not meet the applicable statutory filing requirements. It nt's effective date on the Department of State's records.	ter filing.) Pursuant to 605.0	
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Page 3 of 3

Filing Fee: \$25.00