

4400011545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

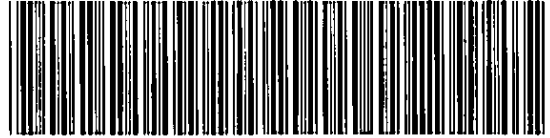
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400291815554

11/05/18--01017--028 **25.00

FILED
2018 OCT 11 AM 10:47

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: D&S QUALITY CONTRACTOR 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:

ALFREDO MERCADO

Name of Person

NEXGEN ACCOUNTANTS LLC

Firm/Company

3505 SOUTHSIDE BLVD SUITE #7

Address

JACKSONVILLE, FL 32216

City/State and Zip Code
INFO@NGA1040.COM

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

For further information concerning this matter, please call:

ALFREDO MERCADO

904

619-2675 EXT 102

at ()

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

2010-1-12 PM 7
FILED

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>
AMBR	ANA D. BRACHO-FINOL	2537 SOUTHSIDE BLVD	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIEL SOTO	2041 MERCED CT	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2000-01-11 12:48

11-1-17-12-18

(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:

(b) The 90th day after the record is filed.

[Signature]

Typed or printed name of signee