

L14 000 141081

(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



000271967240

04/29/15--01027--003 **25.00

FILED
15 APR 29 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 05 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bill Quaranta, 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:

Bill Quaranta

Name of Person

Bill Quaranta, LLC

Firm/Company

650 Midway Park Rd

Address

Wewahitchka, FL 32465

City/State and Zip Code

wbipsjfl1@yahoo.com

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

For further information concerning this matter, please call:

Bill Quaranta

850 at ()

527-6054

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Bill Quaranta, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/08/2014 and assigned
Florida document number L14000141081.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

650 MIDWAY PARK Rd
WEWAHITCHKA, FL 32465

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

650 MIDWAY PARK Rd
WEWAHITCHKA, FL 32465

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

650 Midway Park Rd

Enter Florida street address

Wewahitchka

City

Florida

32465

Zip Code

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

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> |
|--------------|------------------|-----------------------|---|
| MBR | Josiah Quaranta | 650 Midway Park Rd | <input checked="" type="checkbox"/> Add |
| | | Wewahitchka, Fl 32465 | <input type="checkbox"/> Remove |
| MBR | Kenneth T. Gould | 259 Coronado St | <input checked="" type="checkbox"/> Add |
| | | Port St Joe, Fl 32456 | <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 |

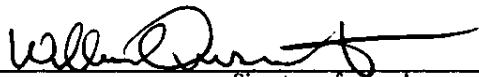
15 APR 2015
10:22 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 18 April, 2015.



Signature of a member or authorized representative of a member

William Quaranta

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 APR 29 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA