

L15000019579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

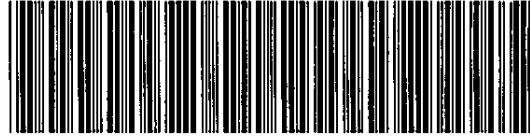
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400273050814

05/20/15--01021--022 \*\*25.00

FILED  
15 MAY 20 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~2015~~ MAY 21 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Medallion Ventures PDQ, 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:

Aline Agliano

\_\_\_\_\_  
Name of Person

Medallion Ventures PDQ, LLC

\_\_\_\_\_  
Firm/Company

4201 W Cypress St

\_\_\_\_\_  
Address

Tampa, FL 33607

\_\_\_\_\_  
City/State and Zip Code

aline@amprop.com

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

For further information concerning this matter, please call:

Aline Agliano

813

854-2211 Ext 231

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

## Page 1 of 3

**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>
MGR	Walsh 2005, LLC		<input type="checkbox"/> Add
			<input checked="" 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

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 15 MAY 2011 PM 1:59

13 MAR 20 PM 4:58  
SATELLITE, FL 37417  
TALLAHASSEE, FLORIDA

15 MAY 20 PM 4:58  
STATION OF STAFF  
TALLAHASSEE, FLORIDA

(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)

Dated May 19, 2015

\_\_\_\_\_

Signature of a member or authorized representative of a member

ERIC A. SCHOBESSLER

Typed or printed name of signee