

L5000046373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

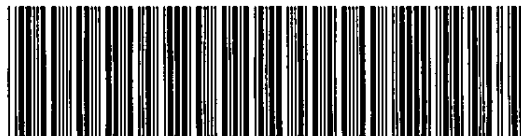
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 04 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUALITY PUPPIES 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:

MARIA SANTOS

Name of Person

QUALITY PUPPIES LLC

Firm/Company

12220 SW 3 TERR

Address

MIAMI, FLORIDA 33184

City/State and Zip Code

QUALITYPUPPY@YAHOO.COM

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

For further information concerning this matter, please call:

MARIA SANTOS

Name of Person

239

at ()

Area Code

234-9240

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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15 AUG -3 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

QUALITY PUPPIES 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 03/13/2015 and assigned
Florida document number L15000046373.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

_____, Florida

City

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

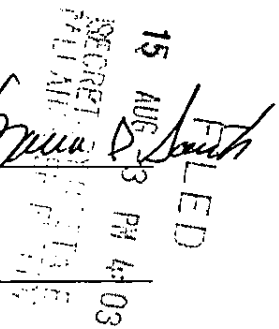
MGR = Manager

AMBR = Authorized Member

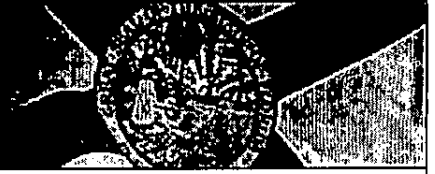
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Co. MGR	MARIA SANTOS	5781 LEE BLVD. 208-405 LEHIGH ACRES FL 33971	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TREASURY

·NONE

Filing Fee: \$25.00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Limited Liability Company

QUALITY PUPPIES LLC

Filing Information

Document Number	L15000046373
FEI/EIN Number	NONE
Date Filed	03/13/2015
State	FL
Status	ACTIVE

Principal Address

5781 LEE BLVD
208-405
LEHIGH ACRES, FL 33971

Mailing Address

5781 LEE BLVD
208-405
LEHIGH ACRES, FL 33971

Registered Agent Name & Address

PEREZ, MICHAEL P
5781 LEE BLVD
208-405
LEHIGH ACRES, FL 33971

Authorized Person(s) Detail

Name & Address

Title MGR

PEREZ, MICHAEL P
148 CARLISLE AVE S
LEHIGH ACRES, FL 33974

Annual Reports

No Annual Reports Filed

Document Images

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