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PICK-UP	☐ WAIT	MAIL
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K.SALY EXAMINER JUN 24 2015

COVER LETTER

	gistration Sect vision of Corpo			
OUDIFOR	Quaranto Ent	erprises LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspond	dence concerning this matter	to the following:	
		James T Quaranto		
		· - ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·	Name of Person	
		QUARANTO ENTERPRI	SES LLC	
		·	Firm/Company	
		348 Lake Arbor Dr		
			Address	
		Palm Springs, FL 33461		
			City/State and Zip Code	
		jtquaranto@aol.com		
		E-mail address: (to be used for future annual report notifica	tion)
For further	information cor	ncerning this matter, please ca	all:	
James T Qu	ıaranto		561 308-3060 at ()	
	Name of I	Person	Area Code Daytime To	elephone 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

FILED
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FALLAH COSEE FLORING

QUARANTO ENTERPRISES 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 May 18, 2015	and assigned
Florida document number L15000087470		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4.44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	
(Principal office address MUST BE A STREET ADd	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac	•	enter the name of the new
Name of New Registered Agent:	•	
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la Zip Code
	Cny	Zifi 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>	Address	Type of Action
AMBR	James T Quaranto	348 Lake Arbor Dr	Add
		Palm Springs, FL 33461	□ Remove
	,		Change
AP	James T Quaranto	348 Lake Arbor Dr	
		Palm Springs, FL 33461	■ Remove
			Add Remove
			Remove 2
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ated	June	18	, 2015	· ·			
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Typed or printed name of signee

Filing Fee: \$25.00