

L15000 176367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

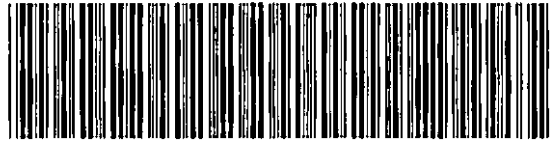
(Document Number)

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

Special Instructions to Filing Officer:

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10/13/20--01029--012 \*\*\$50.00

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DEC 03 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 17, 2020

LINDA SMITH  
3110 N DAVIS ST  
PENSACOLA, FL 32503

SUBJECT: QUIGLEY PENSACOLA PROPERTIES, LLC  
Ref. Number: L15000176367

We have received your document for QUIGLEY PENSACOLA PROPERTIES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 120A00023155

RECEIVED  
DEC 02 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Quigley Pensacola Properties 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:

Linda Smith

Name of Person

Quigley Pensacola Properties LLC

Firm/Company

3110 N Davis Street

Address

Pensacola, FL 32503

City/State and Zip Code

michele@quigleyelectric.net

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

For further information concerning this matter, please call:

Linda Smith

850

501-9056

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Quigley Pensacola Properties 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 10/16/2015 and assigned  
Florida document number L15000176367.

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 "L.L.C."

**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:

Robert E Quigley

New Registered Office Address:

3110 N Davis Street

*Enter Florida street address*

Pensacola

Florida 32503

*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>                      |
|--------------|---------------------|---------------------|--|
| MGR          | Robert E Quigley    | 3110 N Davis Street | <input checked="" type="checkbox"/> Add    |
|              |                     | Pensacola, FL 32503 | <input type="checkbox"/> Remove            |
|              |                     |                     | <input type="checkbox"/> Change            |
| AMBR         | Douglas E Quigley   | 3110 N Davis Street | <input checked="" type="checkbox"/> Add    |
|              |                     | Pensacola, FL 32503 | <input type="checkbox"/> Remove            |
|              |                     |                     | <input type="checkbox"/> Change            |
| AMBR         | Clarence L. Quigley | 3110 N Davis Street | <input type="checkbox"/> Add               |
|              |                     | Pensacola, FL 32503 | <input type="checkbox"/> Remove            |
|              |                     |                     | <input checked="" type="checkbox"/> Change |
| AMBR         | Edward E Quigley Jr | 3110 N Davis Street | <input type="checkbox"/> Add               |
|              |                     | Pensacola, FL 32503 | <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            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Clarence L Quigley - 50% Ownership

Robert E Quigley - 25% Ownership

Douglas E quigley - 25% Ownership

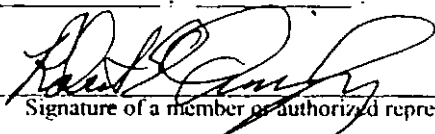
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Robert E. Quigley

Typed or printed name of signee