

L16 0000002792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

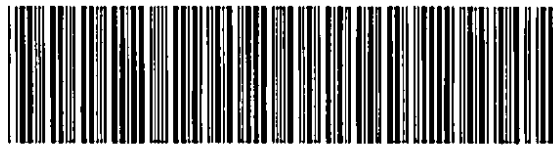
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



000301232440

07/13/17--01009--027 **35.00

FILED
17 JUL 25 PM 1:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUL 28 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2017

DAVID STRONG
209 DUNLAWTON AVE, SUITE 14
PORT ORANGE, FL 32127

SUBJECT: DISTINCTIVE DESIGNS BY LORI, LLC
Ref. Number: L16000002792

We have received your document for DISTINCTIVE DESIGNS BY LORI, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

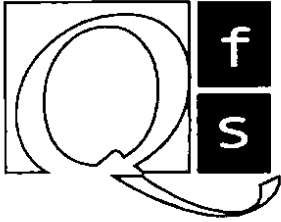
The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 317A00014343



QUALITY
FINANCIAL
SERVICES INC

209 Dunlawton Ave Suite 14 Port Orange, FL 32127
(386) 761-7855 (386) 322-8522 fax
email: paula.qfsinc@gmail.com

July 25, 2017

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Distinctive Designs By Lori LLC

To Whom It May Concern;

Attached are the documents to remove a Manager to the above referenced company. In error, I had originally sent the documents for a corporation along with a check for \$35.00. The check has cleared my clients account. I am attaching the letter that was send by your office explaining the error.

Please process the attached documents with the effective date of 6/30/17 as stated in the first set of forms.

Thank you in advance for your time and attention to this matter.

Sincerely,

Paula Dowell
Accountant

RECEIVED
2017 JUL 28 PM 2:28
REGISTRATION SECTION
TALLAHASSEE, FL 32314

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DISTINCTIVE DESIGNS BY LORI 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:

DAVID STRONG

Name of Person

QUALITY FINANCIAL SERVICES INC

Firm/Company

209 DUNLAWTON AVE STE 14

Address

PORT ORANGE, FL 32127

City/State and Zip Code

david.qfsinc@gmail.com

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

For further information concerning this matter, please call:

DAVID STRONG

386

761-7855

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

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

DISTINCTIVE DESIGNS BY LORI 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 01/05/2016 and assigned
Florida document number L16000002792.

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 contain 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)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

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>
MGR	DARIO DELGADO	16767 SE HWY 301 LOT 32	<input type="checkbox"/> Add
		SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

[illegible]

06/30/2017

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 JULY 25, 2017

Lee Finkelstein
Signature of a member or authorized representative of a member

LORI FINKE-KING

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
17 JUL 25 PM 1:46
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535
U.S. DEPARTMENT OF JUSTICE