

L16000012607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

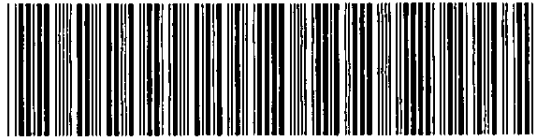
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APR 07 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quincy Fun - CARIE L.L.C
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:

Eyenualem A Hmur
Name of Person

Quincy Fun - CARIE LLC
Firm/Company

1105 W. JEFFERSON ST
Address

Quincy, FL, 32351
City/State and Zip Code

Addisuwodu @ Yahoo. Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eyenualem at (813) 629-2318
Name of Person Area Code 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

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

Quincy FUN - CARE L.L.C

(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 04-07-2016 and assigned Florida document number L16000012607

This amendment is submitted to amend the following:

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

Quincy FUN - CARE L.L.C

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)

1105 W Jefferson St.
Quincy, FL 32351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3662 Blitmore Ave
Tallahassee FL 32311

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:

Eyerusalem A Hiuif

New Registered Office Address:

1105 W Jefferson St Quincy

Enter Florida street address

Quincy, Florida 32351

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.

Eumer

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
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MGR	EYERUSAIEM HAIT	36 68 Blithmore Ave	<input checked="" type="checkbox"/> Add
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		Tallahassee, FL	<input type="checkbox"/> Remove
--	--	-----------------	---------------------------------

		32311	<input type="checkbox"/> Change
--	--	-------	---------------------------------

PRES	Walker, Stanley JR	3539 Apalachee	<input type="checkbox"/> Add
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		PKWY Tallahassee FL	<input checked="" type="checkbox"/> Remove
--	--	---------------------	--

		32311	<input type="checkbox"/> Change
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CEO	Gizaw, Wondemawen	36 68 Blithmore Ave	<input type="checkbox"/> Add
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	T	Tallahassee FL 32311	<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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AMBR	FOXWORTH, JAMES	3539 Apalachee	<input type="checkbox"/> Add
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		PKWY Tallahassee FL	<input checked="" type="checkbox"/> Remove
--	--	---------------------	--

		32311	<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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FLORIDA
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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.

Dated 4-7, 2016

Signature of a member or authorized representative of a member

Ezerusalem A Haur
 Typed or printed name of signee

Filing Fee: \$25.00

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