

L160000049956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 APR 27 P 4:13

FILED

APR 28 2016

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2016

FREDERICK SCOTT QUIMBY
5626 JOBETH DRIVE
NEW PORT RICHEY, FL 34652

SUBJECT: SPORTS SALVAGE UNLIMITED, LLC
Ref. Number: L16000049956

We have received your document for SPORTS SALVAGE UNLIMITED, LLC and your check(s) totaling \$52.50. 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 Mason
Regulatory Specialist II

Letter Number: 016A00006845

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPORTS SALVAGE UNLIMITED, LLC

Name of Limited Liability Company

SM 8703-17
2016 APR 27 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FREDERICK S. QUIMBY

Name of Person

SPORTS SALVAGE UNLIMITED LLC

Firm/Company

5626 JOBETH DRIVE

Address

NEW PORT RICHEY, FL 34652

City/State and Zip Code

DRCUE2@GMAIL.COM

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

For further information concerning this matter, please call:

FREDERICK S. QUIMBY

443 786-4450

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

**TO
ARTICLES OF ORGANIZATION
OF**

SPORTS SALVAGE UNLIMITED 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 MARCH 3, 2015 and assigned
Florida document number L16000049956.

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)

FILED
2015 APR 27 P 4:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

FREDERICK S. QUIMBY

New Registered Office Address:

5626 JOBETH DRIVE

Enter Florida street address

NEW PORT RICHEY

Florida 34652

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

MGR = Manager
AMBR = Authorized Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 APR 27 PM 4:13

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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 MARCH 31, 2016



Signature of a member or authorized representative of a member

ROBERT HOGAN

Typed or printed name of signee

SECRETARY OF STATE
TREASURER
FLORIDA

2016 APR 27 P 4:13

FILED