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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

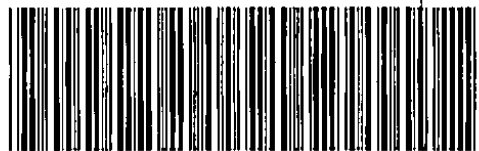
(Business Entity Name)

(Document Number)

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TO: **Registration Section**
Division of Corporations

FOUR QUARTERS, PLUS, LLC

SUBJECT: _____
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:

Vivian Burman

Name of Person

FOUR QUARTERS PLUS, LLC

Firm/Company

1631 Rock Springs RD STE 106

Address

Apopka, FL 32712

City/State and Zip Code

vfaith756@gmail.com

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

For further information concerning this matter, please call:

Vivian Burman

888 317-8535

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

FILED

FOUR QUARTERS PLUS, LLC

(Name of the Limited Liability Company as it now appears on our records) **FILED**
(A Florida Limited Liability Company) **05/31/2016**

The Articles of Organization for this Limited Liability Company were filed on 05/31/2016 and
Florida document number L16000105283.

This amendment is submitted to amend the following:

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

COARSETURE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

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 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 Co.

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:

or removed from our records:

MGR = Manager
AMBR = Authorized Member

| Title | Name | Address | Type |
|-------|------|---------|----------------------------|
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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 **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 e:
(b) The 90th day after the record is filed.

Dated 09/19, 2019

Vivian Burman
Signature of a member or authorized representative of a member

Vivian Burman
Typed or printed name of signer