

L16000 124395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

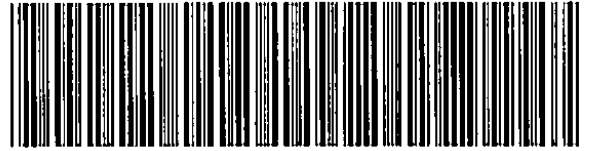
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2020 JUL 18 AM 8:07

AUG 04 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QJC Concepts
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 BELLMAN
Name of Person

QJC, Concepts, LLC
Firm/Company

3822 NW 52ND ST
Address

Boca Raton FL 33496
City/State and Zip Code

dbellman@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Paist at (630) 415-8978
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

QJC CONCEPTS

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2016 JUN 18 AM 8:07

The Articles of Organization for this Limited Liability Company were filed on JUNE 29, 2016 and assigned
Florida document number L16000 124395.

This amendment is submitted to amend the following:

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

QJC CONCEPTS, LLC

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)

143 OPAL POINT DR
SMITHVILLE, TN 3716

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

143 OPAL POINT DR
SMITHVILLE, TN 3716

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:

JOHN PAIST

New Registered Office Address:

3822 NW 52ND ST.

Enter Florida street address

BOCA RATON

City

Florida


33496

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
<u>PRES</u>	<u>DAVID BELLMAN</u>	<u>3822 NW 50th ST</u>	<input type="checkbox"/> Add
		<u>Boca Raton, FL 33496</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>			
<u>OWNER</u>	<u>JOHN PAIST</u>	<u>143 OPAL POINT DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>SMITHVILLE, TN 37166</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>OWNER</u>	<u>DANIELA FERNANDEZ</u>	<u>71 WEST 47th St-402A</u>	<input checked="" type="checkbox"/> Add
		<u>New York, NY 10036</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>VP</u>	<u>SUE PAIST</u>	<u>660 ROBINWOOD COURT</u>	<input type="checkbox"/> Add
		<u>Wheaton, IL 60189</u>	<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.)

CHANGE

CHANGE TO

QJC CONCEPTS

QJC CONCEPTS, LLC

E. Effective date, if other than the date of filing: July 1, 2020 (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 605.020

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 June 17th, 2020



Signature of a member or authorized representative of a member

DAVID Bellman

Typed or printed name of signer