LILICOIASU33

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
:		
1/160000	19/017	_

Office Use Only



600292494266

11/21/16--01013--015 **35.00



D. BRUCE DEC 08 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 29, 2016

CRAIG POULARD 12350 CEDARFIELD DR RIVERVIEW, FL 33579

SUBJECT: Q.M SPORT LLC Ref. Number: L16000128633

We have received your document for Q.M SPORT 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 716A00025361



COVER LETTER

TO: Registration Se Division of Cor	ction porations			
SUBJECT:	4 Sport LL Name of Lin	C nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Craig Poul	Name of Person		
	Q.M Sport	Firm/Company		
	12350 Ced	tartield dr Address		
	Riverview	City/State and Zip Code	2016 TALLA	-
	OM Sport C E-mail address: (LC O 9 mail - Co	DEC - 7	
For further information co	oncerning this matter, please co	all:		
Craig Poule Name of	Person		3367 RP W	O
Enclosed is a check for the	e 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

(Name of the Limited Liability Comp	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000 / 28 6 33</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liab	y were filed on ALCON ASSEE FLORIDE 2: 38
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	360 N Delaware Ave Deland Fl 32720
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O BOX 2385 Riverview fl 33578
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, enter the name of the new re:
Name of New Registered Agent: Lyanes	te Poulard
New Registered Office Address: 360 A	Detail No Delaware PVe
Delan	City, Florida 32720 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
Mgr.	Craig Powlard	P.O Box 2385	Add
J	,	Riverview fl 33578	Remove
			Change
Mgr	Lyonette Poulard	P.O Box \$ 2385	∑ Add
		RIVERVIEW F1 33578	☐ Remove
			Change
		TALLA	SEC Bod T
		HAG	Remove
			Clamge
			Change C
			Remove
		·	☐ Change
			Add
			□ Remove
			☐ Change
			🗖 Add
			□ Remove
			Change

	•			
	<u></u>			
		· 		
	· · · · · · · · · · · · · · · · · · ·			
		· -		
			Ā.	
			L C	315
			<u> </u>	₹—
			TAN ASS	_
				J
			L. ()
			95 %	
			₩ ₩ ₩	
ive date, if other than the date of filing:ective date is listed, the date must be specific and cannot If the date inserted in this block does not meet the tent's effective date on the Department of State's in	applicable statutory	or more than 90 days after	tional) er filing.) Pursuant t is date will not be	o 60: e list
cord specifies a delayed effective date, be 90th day after the record is filed.	out not an effectiv	ve time, at 12:01	a.m. on the e	arli
12-3-16				

Page 3 of 3

Filing Fee: \$25.00