

L17000001157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

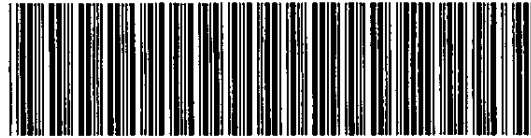
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT

JUN 19 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2017

JOCELYN OWENS HOLMES
5511 BERGMAN RD
JACKSONVILLE, FL 32208

SUBJECT: QUICK FIX DENTAL LAB LLC
Ref. Number: L17000001157

We have received your document for QUICK FIX DENTAL LAB LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Voluntary Dissolution was filed 05/25/2017, amendment can't be filed.

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.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 617A00011258

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quick Fix Dental Lab
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:

Jocelyn Holmes
Name of Person

Quick Fix Dental Lab
Firm/Company

11203 Edgewood Ave. W. Suite #2
Address

~~11203 Edgewood Ave. West Suite #2~~ Jax, FL 32208
City/State and Zip Code

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

For further information concerning this matter, please call:

Jocelyn Holmes at 904, 930-5206
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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

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

Quick Fix Dental Lab 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 Jan. 3, 2017 and assigned Florida document number L17000001157.

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)

5511 Bergman Rd.
Jacksonville, FL 32208

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5511 Bergman Rd.
Jacksonville, FL 32208

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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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STATE SECRETARY OF
17

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR MGR	Jocelyn Holmes	5511 Bergman Rd	<input checked="" type="checkbox"/> Add
		Jax, FL 32208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luz Henao	5822 Davon St.	<input type="checkbox"/> Add
		Jax, FL 32244	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

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 June 10th, 2017

Joel Lynn Holmes
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Jocelyn Holmes
Typed or printed name

Typed or printed name of signee

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