

L17000006847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

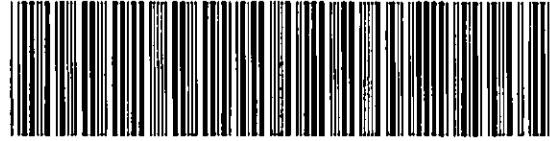
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/30/17--01001--022 **35.00

FILED
17 JUL 17 AM 10:19
DIVISION OF CORPORATIONS

O SIMMONS

JUL 18 2017



QUALITY
FINANCIAL
SERVICES INC

209 Dunlawton Ave Suite 14 Port Orange, FL 32127
(386) 761-7855 (386) 322-8522 fax
email: paula.qfsinc@gmail.com

July 12, 2017

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Bob Browning Property Maintenance LLC

To Whom It May Concern;

Attached are the documents to add a Manager to the above referenced company. In error, I had originally sent the documents for a corporation along with a check for \$35.00. The check has cleared my clients account. I am attaching the letter that was send by your office explaining the error.

Please process the attached documents with the effective date of 6/27/17 as stated in the first set of forms.

Thank you in advance for your time and attention to this matter.

Sincerely,

Paula Dowell
Accountant

RECEIVED
2017 JUL 17 AM 6:55
SECRETARY OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOB BROWNING PROPERTY MAINTENANCE LLC

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 STRONG

Name of Person

QUALITY FINANCIAL SERVICES INC

Firm/Company

209 DUNLAWTON AVE STE 14

Address

PORT ORANGE, FL 32127

City/State and Zip Code

david.qfsinc@gmail.com

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

For further information concerning this matter, please call:

DAVID STRONG

386

761-7855

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

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

BOB BROWNING PROPERTY MAINTENANCE 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 01/09/2017 and assigned
Florida document number L17000006847.

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)

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

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>
MGR	KERRY L BERGMAN	1350 JANE LACEY LN	<input checked="" type="checkbox"/> Add
		NEW SMYRNA BEACH, F 32168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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19 JUL 17 AM 10:19
DIVISION OF CURRICULUM & INSTRUCTION

FILED

17 JUL 17 AM 12
DIVISION OF CORPORATIONS

FILED
17 JUL 17 AM 10:19
DIVISION OF CORRECTIONS

(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 JULY 12, 2017

Signature of a member or authorized representative

~~Signature of a member or authorized representative of a member~~

ROBERT M BROWNING

Typed or printed name of signee