## L1700022095

(Requestor's Name)
-
(Address)
(riwarooo)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(======================================
0.15.10.1
Certified Copies Certificates of Status
•
·
Chariel Instructions to Filing Officers
Special Instructions to Filing Officer:

Office Use Only



400294888694

03/20/17--01021--001 \*\*25.00

2017 MAR 20 A II: 44
SEESRETARY OF STATE

**S Warren** MAR 2 3 2017

## **COVER LETTER**

TO:	Registration S  Division of Co		a	
SUBJI		E QUILT SHOPPE, LLC		
SUDJ		Name of Lim	ited Liability Company	
			•	
The en	nclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			•	
		MARIANNE MACKENZ	IE	
			Name of Person	
			Firm/Company	
	•		гини <b>С</b> отрану	
	,	3284 SE FAIRWAY E		
			Address	<del></del>
		STUART, FL 34997		
			City/State and Zip Code	
		BMACKENZIE985@GMA		
		E-mail address: (1	to be used for future annual report notific	cation)
For fur	ther information	concerning this matter, please ca	all:	•
MARI	IANNE MACKEI	NZIE	954 254-4570 at ( )	•
	Name	or Person		Telephone Number
Enclos	ed is a check for t	the following amount:	,	
<b>■</b> \$2	5.00 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 Co	ompany as it now appears on our records.)
(A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 1/27/2017 and assigned
Florida document number L17000022095	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
THE QUILT PATCH, 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 ADDRES.	(S)
Enter new mailing address, if applicable:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·
	· · ·
(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere	ed office address on our records, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX)	ed office address on our records, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere	ed office address on our records, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere	ed office address on our records, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:	ed office address on our records, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:	ed office address on our records, <u>enter the name of the here</u> :

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-Rogister of Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added for removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SUSAN DION	3426 SW PUMPKIN STREET	□ Add
		PORT ST. LUCIE, FL 34953	■ Remove
		-	Change
MGR	ROGER MACKENZIE	3284 SE FAIRWAY E	<b>■</b> Add
		STUART, FL 34997	□ Remove
	,	<del></del>	Change
		***************************************	□ Remove
			Change
			□ Add
			□ Remove
,			Change
<del> </del>		<u> </u>	Add
		<del> </del>	Remove
			X S
	•	· · · · · · · · · · · · · · · · · · ·	A Add
		y. 	

. , .	·						
	<del></del>						
			•				
							·····
<del> </del>				···.			
	-			<del>-</del> · ·			
<del></del>							<del></del>
					<del></del>		,
			<del></del>	·			
							,
· · · · · · ·							
an effective de ote: If the de ocument's ef	te, if other than the ate is listed, the date in date inserted in this ffective date on the	must be specific ar s block does not e Department of	nd cannot be price meet the applicate's recorder	or to date of filing on cable statutory finds.	r more than 90 day ling requirement	s, this date will i	not be listed
	pecifies a delay day after the r			ot an effectiv	e time, at 12:	01 a.m. on t	he earlier
MARC	CH 14		2017				
_	-Maue	Mell V	Nacleu	horized representation	ive of a member	mys	
м	ARIANNE MAC	-		2 F 404···III		SECRET	7
141.				ted		- 安全 元	
			Typed or prin	ted name of signee		وسير الكراري	Employed.
				e 3 of 3		RY OF STA	ED