

L17000030320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

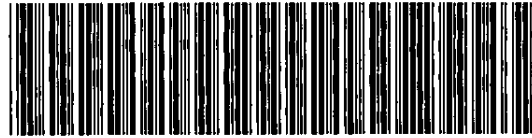
(Business Entity Name)

(Document Number)

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APR 06 2017  
S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 APR -5 PM 3:01

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JMQ DRAWINGS, 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:

JUSTO MARTINEZ QUINTERO

\_\_\_\_\_  
Name of Person

JMQ DRAWINGS, LLC

\_\_\_\_\_  
Firm/Company

14907 PRAIRIE ROSE CT

\_\_\_\_\_  
Address

ORLANDO, FL 32824

\_\_\_\_\_  
City/State and Zip Code

JUSTOMQ74@GMAIL.COM

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

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SECRETARY OF FLORIDA  
TALLAHASSEE  
17 APR -5 PM 3:01

For further information concerning this matter, please call:

JUSTO MARTINEZ

407

230-9738

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

## Page 1 of 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

PLEASE ADD MY TAX ID NUMBER 81-5247288

APR-5 PM 3:01

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CLERK OF STATE  
SEATTLE, WASH.  
FALL 1935

**E. Effective date, if other than the date of filing:** 04/01/2017 (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 605.0207 (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 04/03, 2017

Signature

JUSTO MARTINEZ QUINTERO

Typed or printed name of signee