17000120002

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COVER LETTER

TO: ··· Registration Section Division of Corporations

KQUINN ENTERPRISES LLC

SUBJECT:

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:

KATHLEEN QUINN

Name of Person

KQUINN ENTERPRISES

Firm/Company

1664 NW 8th ST

Address

BOCA RATON, FL 33486

■ \$30.00 Filing Fee &

Certificate of Status

City/State and Zip Code

IMBUESALONDELRAY@GMAIL.COM

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

For further information concerning this matter, please call:

KATHLEEN QUINN	508	404-9842
	at () .	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & St

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

KQUINN ENTERPRISES 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 <u>6/1/2017</u> and assignd Florida document number L17000120002	2d
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability company here</u> :	
"he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C.	•••
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u>.</u>
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of (registered agent and/or the new registered office address here</u> :	<u>the new</u>
Name of New Registered Agent:	
New Registered Office Address:	_
Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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

1 L

Title	Name	Address	Type of Action
MGR	KATHLEEN A. QUINN	1664 NW 8TH ST	🔄 🔲 Add
		BOCA RATON, FL 33486	C Remove
			Change
			Add
			Remove
			Change
			🖸 Add
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			🔄 🗆 Change
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			Remove
			Change
			□ Add
			Remove
			Change

D, If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

JUNE 16 Dated	2017	
Kalla		
	Signature of a member or authorized representative of a member	
Kalmi	een (xuinn.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00