

L17 000 248 118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

516.25
To reinstate

Office Use Only



600342482646

600342482646
03/30/20--01028--030 **30.00

FILED
2020 APR 27 PM 1:28

CLIS
Amend
Name
CH8
APR 28 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A+ Quality Moving L.L.C.
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:

Ashley Gilbert
Name of Person

A+ Quality Moving
Firm/Company

230 N. Halifax Ave #4
Address

Daytona Beach FL 32118
City/State and Zip Code

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

For further information concerning this matter, please call:

Ashley Gilbert at (386) 283-8721
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2020/04/27 PM 12:22

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2020

ASHLEY GILBERT
A+ QUALITY MOVING L.L.C.
230 N. HALIFAX AVE #4
DAYTONA BEACH, FL 32118

SUBJECT: A+ QUALITY MOVING L.L.C
Ref. Number: L17000248118

We have received your document for A+ QUALITY MOVING L.L.C and your check(s) totaling \$377.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to reinstate is \$516.25.

There is a balance due of \$138.75.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 620A00007811

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

A+ Quality Moving L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 APR 27 PM 1:28
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/04/17 and assigned Florida document number L17000248118.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Quality Moving & More L.L.C.

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)

230 N Halifax Ave #4
Daytona Beach FL 32118

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

230 N Halifax Ave #4
Daytona Beach FL 32118

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:

"Same"

New Registered Office Address:

230 N Halifax Ave #4

Enter Florida street address

Daytona Beach

City

Florida

32118

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

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

F.E.I.N. - 82-3558045

- on line shows none under FEIN

E. Effective date, if other than the date of filing: _____ (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 March 24, 2020.

Robert M. Balasa

Signature of a member or authorized representative of a member

Robert M. Balasa

Typed or printed name of signee

Not getting Anyone, Just address

AMBR = Authorized Member

Type of Action

☒ Add Address:

☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change