

L18000290489

VUN

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

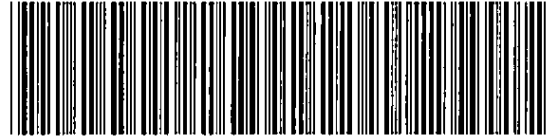
(Business Entity Name)

(Document Number)

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12/08/23--01021--018 \*\*25.00

2023-12-08 13:53

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Good Neighbor Accounting Firm 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:

STANLEY PIERRE  
Name of Person

Good Neighbor Accounting Firm LLC  
Firm/Company

4899 West Colonial Dr  
Address

ORLANDO, FL 32808  
City/State and Zip Code

ADMIN@GNAccountingFirm.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STANLEY PIERRE at (407) 985-0977  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

QUALITY CUISINE 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 12/19/2018 and assigned Florida document number L18000290489.

This amendment is submitted to amend the following:

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

GOOD NEIGHBOR ACCOUNTING FIRM 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 ADDRESS)

4894 WEST COLONIAL  
DR, ORLANDO, FL 32808

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4894 WEST COLONIAL  
DR, ORLANDO, FL 32808

**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:

STANLEY PIERRE

New Registered Office Address:

4894 WEST COLONIAL DR

Enter Florida street address

ORLANDO  
City

Florida 32808  
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	ADELINE A PIERRE	4894 West Colonial Dr	<input type="checkbox"/> Add
		Orlando, FL 32808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VIAVIN PIERRE	4894 West Colonial Dr	<input type="checkbox"/> Add
		Orlando, FL 32808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STANLEY PIERRE	4894 West Colonial	<input type="checkbox"/> Add
		Dr, Orlando, FL 32808	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ADELINE ACCEUS	4294 West Colonial	<input type="checkbox"/> Add
		Dr, Orlando, FL 32808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated NOVEMBER 29, 2023.

Signature of a member or authorized representative of a member

Stanley Pierre

Typed or printed name of signee