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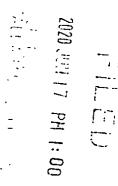
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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06/17/20--01005--017 **30.00



Amend

JUN 22 TOTO I ALBRITTON

COVER LETTER

TO:	Registration S Division of Co					
otin ura		n Agency PLLC				
SUBJECT: Name of Limited Liability Company						
The encl	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all corres	pondence concerning this matter	to the following:			
		Pamela S. Quinn				
			Name of Person			
		The Quinn Agency				
			Firm/Company			
7884 SE Lexington Ave						
			Address			
		Hobe Sound, FL 33455				
		thequinnagencyre@gmail.c	City/State and Zip Code			
		E-mail address: ((to be used for future annual rep	ort notification)		
For furth	er information	concerning this matter, please c	call:			
Pamela	S. Quinn		401 477-6			
	Name	of Person	Area Code	Daytime Telephone Number		
Enclosed	d 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)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose		

Mailing Address:

TO:

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

The Quinn Agency PLLC						
(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited)	iny as it now appears (Liability Company)	on our records.)			
The Articles of Organization for this Limited L	iability Company	were filed on 06/01	/20		_ and as:	signed
lorida document number 1.20000148699	·					
his amendment is submitted to amend the follo	owing:					
. If amending name, enter the new name o	f the limited liab	ility company here	<u>:</u>			
N/A						
he new name must be distinguishable and contain the w	cords "Limited Liabi	lity Company," the desi	gnation "LLC" or	r the abbre	viation "l.	.L.C."
Enter new principal offices address, if applic	able:	N/A				
Principal office address MUST BE A STREE	TADDRESS)		-	21.3	202 0	
					<u>ا</u>	
						
Enter new mailing address, if applicable:		N/A			i	; [7];
(Mailing address MAY BE A POST OFFICE BOX)				-	77	Ţ
	<u></u>			•		
					6	
 If amending the registered agent and/or regent and/or the new registered office addresses 		address on our rec	ords, <u>enter th</u>	e name o	of the ne	<u>w regist</u>
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
- 		Enter Floride	a street address			
			Flori	da		
		City	_		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>	Address	Type of Action
AMBR	Paul Quinn	7884 SE lexington Ave	□Add
		Hobe Sound, FL 33455	Remove
			□Change
AMBR	Carol Kuney	7961 Double Tree Drive	≣ Add
		Hobe Sound, FL 33455	□Remove
			□Change
AMBR	Pamela S. Quinn	7884 SE lexington Ave	🗆 Add
		Hobe Sound, FL 33455	□Remove
		change from AMBR to Managing Member	\ \equiv Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

-	Remove Paul Quinn, Add Carol Kuney and Change Title of Pamela S. Quinn from AMBR to Managing MBR
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,	
Effect	tive date, if other than the date of filing: (optional) Tective 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
If an ef	Tective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	e 90th day after the record is filed.
Dated	June 12, 2020
Date	$\frac{1}{2}$
	Vansta Viena
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Pamela Quina Typed or printed name of signee

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Filing Fee: \$25.00