## LZ1000129066

| (Req                      | uestor's Name)   |             |
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| (City                     | /State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
| (Bus                      | iness Entity Nar | ne)         |
| (Doc                      | cument Number)   |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | iling Officer:   | _           |
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Office Use Only



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## **COVER LETTER**

TO:

| TO: Registration<br>Division of | n Section<br>Corporations                 |  |  |
|---------------------------------|---|--|--|
| HOMES                           | S BY QUINCY LLC                           | •  |  |
| SUBJECT:                        | Name of Lin                               | nited Liability Company  | <del></del>  |
| The enclosed Articles           | s of Amendment and fee(s) are sub         | omitted for filing.  |  |
| Please return all corre         | espondence concerning this matter         | to the following:  |  |
|                                 | LOVETTE DOBSON                            |  |  |
|                                 |   | Name of Person   |  |
|                                 | INCFILE.COM LLC                           |  |  |
|                                 | <del></del>                               | Firm/Company   |  |
|                                 | 17350 STATE HWY 249                       | STE 220  |  |
|                                 | •   | Address  | <del>_</del>   |
|                                 | HOUSTON, TX 77064                         |  |  |
|                                 |   | City/State and Zip Code  |  |
|                                 | EFILE1234@INCFILE.CO                      |  |  |
|                                 | E-mail address: (                         | to be used for future annual report no                           | otification)   |
| For further information         | on concerning this matter, please c       | all:   |  |
| LOVETTE DOBSON                  | 1   | 888 462-3453   |  |
| Nan                             | ne of Person                              | Area Code Dayti  | ime Telephone Number   |
| Enclosed is a check fo          | or the following amount:                  |  |  |
| ■ \$25.00 Filing Fee            | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fce & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Add<br>Registratio      |   | Street Address:<br>Registration S                                | ection   |
| Division o                      | f Corporations                            | Division of Co   | orporations  |
| P.O. Box 6                      |   | The Centre of  |  |
| i aiianasse                     | e, FL 32314                               | 2413 IN. IVIONI  | oe Street, Suite 810   |

Tallahassee, FL 32303

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

| and assigned                    |
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| and assigned                    |
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| C" or the abbreviation "L.L.C." |
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| lorida<br>Zip Code              |
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| -                               |

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 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 |
|---------------------------------------|-------------|--------------|----------------|
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|                                       |             |              | □Remove        |
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| If amending any other infor   | nation, enter change(s) here: (Attach addition  | onal sheets, if necessary.)   |
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| Effective date, if other than t if an effective date is listed, the date in Note: If the date inserted in this document's effective date on the | nust be specific and cannot be prior to date of filing or m<br>block does not meet the applicable statutory filin | (optional) nore than 90 days after filing.) Pursuant to 605.0207 ag requirements, this date will not be listed as t |
| e record specifies a delayed effected is filed.   | tive date, but not an effective time, at 12:01 a.m.   |   |
| A () 20   | 2021  | 200   |
| Dated April 20  |   |   |
| Quince  | Larichten   | - · ·   |
| - y writing   | Signature of Amember or authorized representative   | of a member   |
| Quincy Knighten   |   | Q.  |
|   | Typed or printed name of signee   |   |