122000169257

(Requestor's Name)	
(Address)	100388940
(Address)	100000010
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	54,416, 31616 <u>11</u> 6
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	.: - :
Special Instructions to Filing Officer:	
	•
FOE 1. 1	

Office Use Only



191

Mi •=21.58

. Enund

007 2 5 0027 D CUGINIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FICTORCO QUALITY FINISH 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:
Heather L. fletcher Name of Person
fletchers Quality Finish UC
3865 Trenton un
City/State and Zip Code Fletche Government of Funds (or future annual report notification)
For further information concerning this matter, please call:
Heather Fletcher at (941), 879-3642 Area Code, Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



September 8, 2022

HEATHER L FLETCHER FLETCHERS QUALITY FINISH LLC 3865 TRENTON LN NORTH PORT, FL 34288

SUBJECT: FLETCHERS QUALITY FINISH L.L.C.

Ref. Number: L22000169257

We have received your document for FLETCHERS QUALITY FINISH L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit the complete application. You are missing the first page of the actual application.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 422A00019973

ULI 18 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Fletchers Q	uality F	y as it now appears of iability Company)	C		_
(Name of the Limit	(A Florida Limited L	iy as it now appears of iability Company)	on our records.)		
The Articles of Organization for this Limited Li Florida document number <u>L22000 169</u>	iability Company v	were filed on Ar	41. 7, 2020	and	assigned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liabi	lity company hero	2:		
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the desi	gnation "LLC" or the ab	breviation	"L.L.C."
Enter new principal offices address, if applic	able:				-
(Principal office address MUST BE A STREE	T ADDRESS)		,		
			,		<u> </u>
				007	•
Enter new mailing address, if applicable:				~~	1
(Mailing address MAY BE A POST OFFICE	BOX)			<u>:</u>	
				- 두	
B. If amending the registered agent and/or r agent and/or the new registered office address		ddress on our rec	ords, <u>enter the nam</u>	ie of the	new registered
Name of New Registered Agent:	Russ	ell D.	Fletchen		
New Registered Office Address:	3865	Trenten L Enter Florid	& AL a street address		
	Nort	h Port	Electrical Energy astreet address	342 Zip Co	FF Jude

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 Title Name Address Type of Action MGR Chris Mcdarmont 1125 Hagle Park Rd 1120 Bradenton, FL 34212 Decemove ____ □Change Bussell Fletcher 3865 Trenton Lo grada NOrth Port FL 34288 | Remove _____ □Change MGR Heather Fletcher 3865 Trenton Ln. Vanda North Port FL 34288 | Remove _____ Change _____ □Change □Remove ____ □Change ____ □Add □ Remove

____ □Change

_	
_	
-	
_	
lf an effec <u>Note:</u> H	e date, if other than the date of filing:
e record rd is file	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 l.
Dated <u>\</u>	September 19. 2022. Signature of a member of authorized representative of a member
	Heather L Fletcher Typed or printed name of signer

Filing Fee: \$25.00