MU7000005659

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Fitolie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2020

DONALD EDWARDS PO BOX 2527 MOUTLRIE, GA 31776

SUBJECT: DESTINY INDUSTRIES, LLC

Ref. Number: M07000005659

We have received your document for DESTINY INDUSTRIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 520A00019472

FO: Registration Section Division of Corporations	
Name of Foreign Limited Liability Company	
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Donald L. Edwards Name of Person	
Edwards, Ournell, Brooks, LLC Firm/Company	
Po Box 2527 Address	
Moultkie GA 3/776 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Robert Qurnell at (229) 9856200	
Name of Person Area Code & Daytime Telephone Number	
Mailing Address: Street Address:	
Registration Section Registration Section Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL 32314 Tallahassee, FL 32303 Tallahassee, FL 32303	0
Enclosed is a check for the following amount:	
□\$25 Filing Fee □\$30 Filing Fee & □\$55 Filing Fee & □\$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status	&
Certified Copy (9/15)	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

2020 --- - 1 PH 12: 52

SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida Department of
State: Destiny Industries	es, LLC
Enter new principal office address, if applicable:	PO BOX 2527
(Principal office address MUST BE A STREET ADDRESS)	Montkie GA 31788
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 2527 Moultrie GA 31776
2. The Florida document number of this limited lia	ability company is:/200000 5659
3. Jurisdiction of its organization: Geo	RgiA
4. Date authorized to do business in Florida:	9/9/2007
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company: (mus	t contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name 0." or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new
Name of New Registered Agent: CT C	
New Registered Office Address: 1200 S	Enter Florida Street Address
	Plantation Florida 33324 City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

Title/ Capacit	<u>y</u> <u>Name</u>	Address	Type of Action
Monagel_	DonaLD L. Edwar	dc 181 Hortman Rd. Mou	<u>ltræG</u> A □Add
		2 F	□Rem
rem be !	Robert J. Qurnell	2 Flintridge LA Monltrie	GA DAdd
			Rem
1ember	Jerry H. Brooks	2060 Cool Springs ROAd	Pork Gb Norman BAdd
			□Rem
mages_	William G. Edwards	26 Dogwood DR MON Hried	<u> </u>
			(E)Kem
aforementi	n under the law of which this entity is org	by the official having custody of records in	Rem

Filing Fee: \$25.00

Control Number: 0301625

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

NAME CHANGE

I, Brad Raffensperger, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

DESTINY INDUSTRIES, LLC a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 07/29/2019 changing its name to

Edwards, Qurnell, Brooks, LLC a Domestic Limited Liability Company

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 07/30/2019.



Brad Raffungerger

ARTICLES OF AMENDMENT

Electronically Filed
Secretary of State

Filing Date: 7/29/2019 1:59:27 PM

Article 11

Business Name : DESTINY INDUSTRIES, LLC

Control Number : 0301625

Artible 2

The date the original articles of organization were filed was: 01/10/2003

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The entity hereby adopts an amendment to change its name to the following new business name:

New Business Name : Edwards, Qurnell, Brooks, LLC

Effective Date : 07/29/2019

Authorizer Information

Authorizer Signature: Lester M Castellow Authorizer Title: Organizer