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Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : ALDO BELTRANO, P.A.  
Account Number : 120010000166  
Phone : (561) 799-6577  
Fax Number : (561) 799-6241

08 JUL 31 AM 10:01  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**LAFRANCE SERVICES, LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

**D. BRUCE**

AUG 1 2008

**EXAMINER**

RECEIVED  
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Corporate Filing Menu

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H08000184721 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAFRANCE SERVICES, 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 01/22/2008 and assigned Florida document number L08000007892

This amendment is submitted to amend the following:

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

CUSTOM QUALITY SERVICES, LLC

The new name must be distinguishable and end with 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)

126 SANDY LANE

ROYAL PALM BEACH, FL 33411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

126 SANDY LANE

ROYAL PALM BEACH, FL 33411

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:

Aldo Beltrano, Esquire

New Registered Office Address:

601 HERITAGE DRIVE, SUITE 138

(Enter Florida street address)

JUPITER

(City)

Florida 33456-2784

(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 608, 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)

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**If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)**

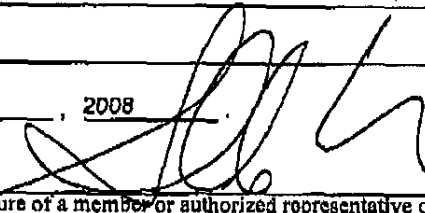
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JUL 31 AM 10:01

FILED

Dated July 31, 2008

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Aldo Beltrano, Esquire, authorized representative  
Typed or printed name of signee