

L120000074103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

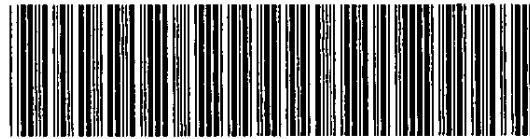
(Business Entity Name)

(Document Number)

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07/31/12--01013--003 **25.00

TALLAHASSEE, FLORIDA
12 JUL 31 PM 2:33

B. BOSTICK
AUG - 1 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: QUALITY INSTALLATION SERVICES, 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:

CRAIG R. MASON
Name of Person
QUALITY INSTALLATION SERVICES, LLC
Firm/Company
745 US HIGHWAY ONE, SUITE 209
Address
NORTH PALM BEACH, FL 33408
City/State and Zip Code
CMASON@MASONDC.COM
E-mail address: (to be used for future annual report notification)

TALLAHASSEE, FLORIDA

12 JUL 31 PM 2:33

For further information concerning this matter, please call:

CRAIG R. MASON at (**561**) **309-7223**
Name of Person Area Code & Daytime Telephone Number

Enclosed 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)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

QUALITY INSTALLATION 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 06/04/2012 and assigned
Florida document number L12000074105

This amendment is submitted to amend the following:

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

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: 745 US HIGHWAY ONE, SUITE 209
NORTH PALM BEACH, FL 33408
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 745 US HIGHWAY ONE, SUITE 209
NORTH PALM BEACH, FL 33408
(Mailing address MAY BE A POST OFFICE BOX)

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: CRAIG R. MASON

New Registered Office Address: 745 US HIGHWAY ONE, SUITE 209

Enter Florida street address

NORTH PALM BEACH, Florida 33408
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 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

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:

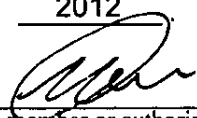
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AFRICA, LLC	609 LIGHTHOUSE DRIVE NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CRAIG R. MASON	745 US HIGHWAY ONE, SUITE 209 NORTH PALM BEACH, FL 33408	<input checked="" 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.)*

12 JUL 31 PM 2:33
 FILING OFFICE
 TALLAHASSEE, FLORIDA

Dated JULY 26, 2012



 Signature of a member or authorized representative of a member

CRAIG R. MASON

 Typed or printed name of signee