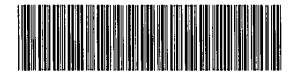


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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: QUALITY Plumbing Solutions LLC Name of Limited Liability Company	
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:	
Brian W. Ross	
Name of Person	
QUALITY Plumbing Solutions LLC	
Firm/Company	
2101 Sewate AVE	
2101 SeNAte AVE Address	
SAINT CLOUD, FL 34769 City/State and Zip Code Index village I D amil. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
City/State and Zip Code	
E-mail address: (to be used for flaure annual report notification)	
For further information concerning this matter, please call:	7
Brian Ross at (770) 633 · 000 / 633 · 00	
: - · · · · · · · · · · · · · · · · · ·	
Enclosed is a check for the following amount:	
\$25,00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \$\Bigcup \$55.00 Filing Fee \& \$\Bigcup \$60.00 Filing Fee.	
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy	
(additional copy is enclosed)	
MAILING ADDRESS: STREET/COURIER ADDRESS:	
Registration Section Division of Corporations Registration Section Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY HUMBING SOLUTION (Name of the Limited Liability Comp (A Florida Limited	JS LCC pany as it now appears on our records.)
(A Florida Limited	J Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on and assigned
Florida document number <u>L14000 112720</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
·	
The new name must be distinguishable and contain the words "Limited Lial	
Enter new principal offices address, if applicable:	Briany Ross
Principal office address MUST BE A STREET ADDRESS)	Briany Ross 2101 Senate Ave SAINT Cloud, FL. 347.69
	SAINT Cloud, FC 347.69 5
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
egistered agent and/or the new registered office address he	
Name of New Registered Agent: Bois	Pos5
New Registered Office Address: 3 5	Enter Florida street address
Kissim	Enter Florida street address Total Sung PUK Suite 17 Enter Florida street address Tele Sty 74/ City Zip Code
	Cuy Zip Coae

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 <u>Title</u> <u>Name</u> Address **Type of Action** 2101 Sevate Ave, Spint Cloud, Add FL. 34769 CEO Brian W. 10.55 MGR □ Remove _□ Change □ Add ☐ Remove _□ Change

Remove
☐ Change
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□ Add →
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Add
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fective date, if other than the date of filing: (option	• >		
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fine. If the date inscribed in this block does not meet the applicable statutory filing requirements, this occument's effective date on the Department of State's records.	ling.) Pursua	t be liste	020 d as ⊃
e record specifies a delayed effective date, but not an effective time, at 12:01 a. The 90th day after the record is filed.	m, on the	earlie	r o
ated <u>8/7</u> . <u>2017</u>			
Signature of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00