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COVER LETTER

Div	sion of Corporations	
SUBJECT:	QUALITY CONTROL RENOVATIONS LLC	
SUBJECT.	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:	
	GLORIA M ZEVALLOS	
	Name of Person	
	BEST QUICK TAX RETURN INC	
	Firm/Company	
	320 S BUMBY AVE STE 10	
	Address	
	ORLANDO FL 32803	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further i	formation concerning this matter, please call:	
6	Name of Person at (407) 896-7921 Area Code Daytime Telephone Number	
Enclosed is	check for the following amount:	
\$25.00	iling Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Statu (additional copy is enclosed) Certified Copy (additional copy is enc	

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY CONTROL RENOVATIONS 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 ______ and assigned Florida document number L22000209405 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 contain 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) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address

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 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
AMBR	ZULUAGA ALEXANDRA	2273 GRAYLING ST ORLANDO FL 32820	≣Add
			□Remove
			□Change
			□Add
			Remove
			□Change
		•	SECSED Remeve
			SECRETIVELY (D. STAFFE TALLAN-MASSHE, FL
			□Remove
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<u>ite:</u> If	e date, if other than the date of filing:
ecord s	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.
ted _	7 TH NOVEMBER 2022
	Signature of a member or authorized representative of a member
	NICOLAS VILLAMIZAR

Filing Fee: \$25.00