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| (Re                     | equestor's Name)    |             |
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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

| Date:       | 04/17/2024   |                                  |
|-------------|--|----------------------------------|
| Name:       | Patrice Rush   |                                  |
| Reference   | ce #:2333182   |                                  |
| Entity Na   | ame: ATI RESTORATION ORLAN                             | DO, LLC                          |
| Ar          | rticles of Incorporation/Authorization to Transact Bus | iness                            |
| <b>✓</b> Ar | mendment   |                                  |
| Ct          | hange of Agent   |                                  |
| ☐ Re        | einstatement   |                                  |
| □ Cd        | onversion  | AH C                             |
|             | erger  | AHII: 34<br>OF STATE<br>SSEE, FL |
| ☐ Di        | issolution/Withdrawal                                  |                                  |
| ☐ Fi        | ctitious Name  |                                  |
| □ Ot        | ther   |                                  |
| Authorize   | ed Amount:   |                                  |
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| ion<br>orations                 |   |  |   |  |
|---------------------------------|---|--|---|--|
|                                 |   |  |   |  |
| QUALITY F                       | FIRST BUILDERS, LLC   |  |   |  |
| Name of Lim                     | ited Liability Company  |  |   |  |
| mendment and fee(s) are sub     | mitted for filing.  |  |   |  |
| lence concerning this matter    | to the following:   |  |   |  |
|                                 | CARLOS CHAIREZ  |  |   |  |
|                                 | Name of Person  |  | _   |  |
| DAV                             | 'IS WRIGHT TREMAINE LLP   |  |   |  |
|                                 | Firm/Company  |  | _   |  |
| 560 S                           | W 10TH AVENUE, SUITE 700  |  |   |  |
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| CAD                             |   | Î  | μ <sup>()</sup> )<br>μμη  | =  |
|                                 | <del>-</del>  | ication)   | 프롤  | AH 11: 34  |
| neerning this matter, please ca | all:  |  | •••   |  |
|                                 | 503 778-5242  |  |   |  |
| <sup>2</sup> erson              |   | : Telephone Numbe  | <u></u>   | _  |
| _                               | □ \$55.00 Filipy Fee &  | □ \$60.00 F  | ilino F   | دودا   |
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| rporations                      | Division of Cor   | porations  |   |  |
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|                                 | DAV  Solve of Lim  mendment and fee(s) are sub dence concerning this matter  DAV  Solve Service Solve Service Solve Service Solve Service Service Solve Service Solve Service Solve Service Solve Service Solve Service Service Solve Service | Mame of Limited Liability Company  mendment and fee(s) are submitted for filing.  dence concerning this matter to the following:  CARLOS CHAIREZ  Name of Person  DAVIS WRIGHT TREMAINE LLP  Firm/Company  560 SW 10TH AVENUE, SUITE 700  Address  PORTLAND, OR 97205  City/State and Zip Code  CARLOSCHAIREZ@DWT.COM  E-mail address: (to be used for future annual report notifineerning this matter, please call:  Person  at ( | Mame of Limited Liability Company  mendment and fee(s) are submitted for filing.  dence concerning this matter to the following:  CARLOS CHAIREZ  Name of Person  DAVIS WRIGHT TREMAINE LLP  Firm/Company  560 SW 10TH AVENUE, SUITE 700  Address  PORTLAND, OR 97205  City/State and Zip Code  CARLOSCHAIREZ@DWT.COM  E-mail address: (to be used for future annual report notification)  neerning this matter, please call:  Person  at ( | Mame of Limited Liability Company  mendment and fee(s) are submitted for filing.  dence concerning this matter to the following:  CARLOS CHAIREZ  Name of Person  DAVIS WRIGHT TREMAINE LLP  Firm/Company  560 SW 10TH AVENUE, SUITE 700  Address  PORTLAND, OR 97205  City/State and Zip Code  CARLOSCHAIREZ@DWT.COM  E-mail address: (to be used for future annual report notification)  Decrning this matter, please call:  Person  at (1)  Area Code  Daytime Telephone Number  following amount:  S103 778-5242  Area Code  Certificate of Status  Certified Copy (additional copy to call display to copy to call display to copy to call to copy to call display to copy to call to copy to call to copy to call to copy to cop |

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| QUALITY FIRS   | T BUILDERS, LLC                                |                         |                  |  |
|--|--|-------------------------|------------------|--|
| (Name of the Limited Liability Com<br>(A Florida Limited               | pany as it now appears<br>d Liability Company) | on our records.)        |                  |  |
| The Articles of Organization for this Limited Liability Compar         | ıy were filed on                               | 06/30/2003              | an               | d assigned   |
| Florida document numberL03000023730                                    |  |                         |                  |  |
| his amendment is submitted to amend the following:                     |  |                         |                  |  |
| A. If amending name, enter the new name of the limited lia             | ability company her                            | <u>re</u> :             |                  |  |
| ATI RESTORATIO   | N ORLANDO, LLC                                 |                         |                  |  |
| he new name must be distinguishable and contain the words "Limited Lia | bility Company," the de                        | signation "LLC" or (    | the abbreviation | on "L.L.C."  |
| Inter new principal offices address, if applicable:                    |  |                         |                  |  |
| Principal office address MUST BE A STREET ADDRESS)                     |  |                         |                  | 3  |
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| nter new mailing address, if applicable:                               |  |                         | <u>'```</u>      | <u>~</u><br>,== } } } ;  |
| Mailing address MAY BE A POST OFFICE BOX)                              |  | <del></del>             |                  |  |
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|  |  |                         | <del>-</del>     | <u>သ</u>   |
| 3. If amending the registered agent and/or registered office           | e address on our re                            | cords, <u>enter the</u> | name of the      | <u>e new registo</u>   |
| gent and/or the new registered office address here:                    |  |                         |                  |  |
|  |  |                         |                  |  |
| Name of New Registered Agent:  |  |                         |                  |  |
| New Registered Office Address:   |  |                         |                  |  |
| New Registered Office Address.   | Enter Flori                                    | da street address       | <del>.</del>     | •  |
|  |  | . Florid                | я                |  |
|  | City   |                         | Zip (            | Tode   |

## 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.

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MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action    |
|--------------|-------------|----------------|-------------------|
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| r amending any other inform   | ation, enter change(s) here. (24       | ttach additional sheets, if necessary.)   |  |
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| Effective date, if other than the fan effective date is listed, the date many the Mote: If the date inserted in this bedocument's effective date on the E | lock does not meet the applicable s    | (optional) e of tiling or more than 90 days after filing.) Putatutory filing requirements, this date will | rsuant to 605.0207 (<br>I not be listed as t |
| e record specifies a delayed effecti<br>d is filed.   | ve date, but not an effective time, a  | 1 12:01 a.m. on the earlier of: (b) The 9   | 0th day after the                            |
| Dated APRIL 15  | 2024                                   |   |  |
| Docusigned by:  |  |   |  |
| I FOMIL DIE   | Signature of a member or authorized    |   |  |

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