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## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Quality Transformations LLC, Name of Limited Liability Company
The enclosed Atticles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Bryan Van Dewark Name of Person
Quality Transformations LLC Firm/Company
17 Summer wind cire 5. Address
Crawfordville FLorida 32327 City/State and Zip Code
Quality from stormations 2 & yak oo com /E-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call:
Bryan Van Dewark at (850) 545-2215 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

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 Trans	TOC Ma tioned Limited	any as it now appears Liability Company)	on our records.)		_
The Articles of Organization for this Limited Li Florida document number <u>403000470</u>		were filed on <u>//</u>	-24-2003	and	assigned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	oility company her	<u>·e</u> :		
The new name must be distinguishable and contain the well-be the principal offices address, if application of the address of the ASTREE	able:	the de	signation "LLC." of t	ne abbreviation	L.t.,C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			-3	
B. If amending the registered agent and/or reagent and/or the new registered office addres	s here:			name of the	( Land
Name of New Registered Agent:	121 hov	Van Dewa	<u>K</u>		
New Registered Office Address:	<u>17 Sum</u>	Merwind Co	da street address		<del></del>
	Crawf	Van Dewar merwind C Enter Florid Cox dv. 14 City	Florid	a <u>3232</u> Zip Ce	27 ode

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 increty reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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>	Name	Address	Type of Action
AM13R	Shellie Van Dewark	17 Summeroviad cir. S.	
		17 Summer evind cir. S. Crawfor duille fl. 32327	EKemove
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			□Add
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ste:	ve date, if other than the date of filing:
econ is til	d 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 ed.
ted .	S-19 - 2821  By Signature of a member or authorized representative of a member  Bryan Vandewark  Typed or printed name of signee
	Ar W
	Signature of a member or authorized representative of a member