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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Quality Components of Tampa Bay, 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:
TVAN Dotzinski Name of Person
Occality Company of Tampa Bay
6601 114th AVE LARGO, FL 33773
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mice Det 211582 at (737) 410 - 3156 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
▼ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)
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 Composite Limited L	inbility Compa lorida Limited	ny as it now app liability Company	carry on our records.)	446	
The Articles of Organization for this Limited Liabil Florida document number 10700104600	ity Company	were filed on	F006 21/0	and a	issigned
This amendment is submitted to amend the followir	ng:				
A. If amending name, enter the new name of the	•				<u> </u>
The new name must be distinguishable and contain the words	"Limited Liabi!	lity Company," th	_	the abbreviati	1.L.C."
Enter new principal offices address, if applicable		NLA	Samo	<u> </u>	11
(Principal office address MUST BE A STREET A	DDRESS)			- 	
Enter new mailing address, if applicable:		Ala	Samo	207 STATE	0
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>				
B. If amending the registered agent and/or regis agent and/or the new registered office address ho		address on ou	r records, <u>enter the</u>	name of the n	iew registered
Name of New Registered Agent:	N/A	-			
New Registered Office Address:	NIA	Enter l	Florida street address		
_		, . <u></u>	, Floric		
-		City		Zip Сос	le

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>	Name)	Address	Type of Action
	W/A		□Add
			□Remove
			□Change
			□Add
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fan effective <u>Note:</u> If the	late, if other than e date is listed, the dat e date inserted in the effective date on the	e must be specific ar its block does not	nd cannot be prior to meet the application	o date of filing or ble statutory fili	more than 90 days	optional) after tiling.) Pur i, this date will	suant to 6 not be li	05,0207 (isted as t
record spec d is filed.	rcifies a delayed eff	ective date, but no	ot an effective tir	ne, at 12:01 a.m	, on the earlier (of: (b) The 90	th day at	iter the
Dated	5/59.	<u> </u>	. <u> </u>					
_		Signature of a	a member or autho	rized representativ	e of a member		<u>.</u>	
		Ivan		. \				