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B. KOHR
JUN - 2 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Quality Renauction Services 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:	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	377
Please return all correspondence concerning this matter to the following:	71.
Shanna Primary X Name of Person	
avality Renovation Services LLC Firm/Company	
2449 Beacon Dr Address	
Port Charbte FL 33952 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Shanna PriMeaux at (941) 740-0161 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: \$\int\\$25.00\ \text{Filing Fee & }\\$55.00\ \text{Filing Fee & }\\$60.00\ \text{Filing Fee,}	
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

Quality Renovati	ion Services 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			
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 end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	Louis Dias		
(Principal office address MUST BE A STREET ADDRESS)	755 Tradewinds Dr NW Port Charlotte, FL 33952		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
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 608, 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.

City

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** Name | **Address Type of Action** MGR Lauis O. Dias ☐ Add Remove ☐ Add ☐ Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 25逝 2010 Dated

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00

