## 11/000075809

(Ri	equestor's Name)
(Ac	ddress)
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(Ci	ity/State/Zip/Phone #)
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(8)	usiness Entity Name)
(De	ocument Number)
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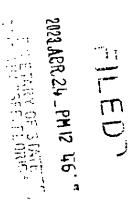
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A. RAMSEY
JUN 2 22023

## **COVER LETTER**

TO:	Registration S Division of Co			
CUD IE	CHE	TO QUALITY HOME SERV	ICES LLC	
SUBJEC	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		CARMEN L SILVA		
		<del></del>	Name of Person	
		SCRIBE ACCOUNTING	SERVICES INC	
			Firm/Company	
		Name of Person SCRIBE ACCOUNTING SERVICES INC		
			Address	<del></del>
		ORLANDO, FL 32812-60	70	
		·	City/State and Zip Code	<del> </del>
		<del></del>		
		E-mail address: (	to be used for future annual report notif	fication)
For furth	ner information	concerning this matter, please c	all;	
CARMI	EN L SILVA		321 594-0450 at()_	
	Name	of Person		e Telephone Number
Enclosed	d is a check for	the following amount:		
<b>■</b> \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
X	Mailing Addre Registration Division of ( P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 APR 24 PM 12 46

## QUALITY TO QUALITY HOME SERVICES LLC

TO THE MANY OF STATE

(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		were filed o	on JUNE 28.	. 2011	and assigned
Florida document number L11000075809	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liabi	ility compa	nv here:		
QUALITY TO QUALITY HOME SERVICES & INSPEC	CTIONS LL	.C			
The new name must be distinguishable and contain the words "L	imited Liabil	ity Company,	" the designat	ion "LLC" or the	abbreviation "L.IC."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADI	DRESS)				
Enter new mailing address, if applicable:					<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	
B. If amending the registered agent and/or register		address on o	our record:	s, <u>enter the na</u>	ime of the new registered
agent and/or the new registered office address here	<u>e</u> :				
None of None Decision and Course					
Name of New Registered Agent:	· · · · · - · · · · · · · · · · · · · ·				
New Registered Office Address:			r::		
		r.nte	er Florida stre	ret address	
				Florida	Zip Code
		City			zip Code
New Registered Agent's Signature, if changing Registe	red Agent:				
I hardly accent the annointment as registered gain	nt and age	oo to act in	this canac	iro I ficethor i	racee to comply with the

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Change
			□Add
			□Remove
			Change
		<del></del>	
			□Remove
			□Add
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			□ Change
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			□Change
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		_	□Remove
			□Change

	ACK TO ORIGINAL NAME	
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	APRIL 16, 2023	
	date of filing:	207 (
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Filing Fee: \$25.00