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| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nan | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
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04/23/18--01013--013 \*\*25.00



## **COVER LETTER**

| SUBJECT:         |               | FLORIDA QU                                   | ALITY RENOVATIONS, LLC  |  |
|------------------|---------------|--|---|--|
| SUBJECT: _       |               | Name of Lim                                  | ited Liability Company  |  |
| The enclosed A   | Articles of A | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please return a  | ill correspor | ndence concerning this matter                | to the following:   |  |
|                  |               |  | VILMA SOTO  |  |
|                  |               |  | Name of Person  |  |
|                  |               |  | VDA SERVICES  |  |
|                  |               | ·  | Firm/Company  | ····   |
|                  |               | 10   | 5207 SW 53RD TERRACE  |  |
|                  |               |  | Address   |  |
|                  |               |  | MIAMI, FL 33185   |  |
|                  |               |  | City/State and Zip Code   |  |
|                  |               |  | vilmasoto08@gmail.com o be used for future annual report noti       | (Continue)   |
| Car Cashan in C  | t             |  | ·   | neation)   |
| ror turiner into |               | ncerning this matter, please ca              |   |  |
| VILMA SOTO       |               | 786 508 - 4861                               |   |  |
|                  | Name of       | Person                                       | at () Area Code Daytim  | e Telephone Number   |
| Enclosed is a c  | check for the | e following amount:                          |   |  |
| ■ \$25.00 Fil    | ing Fee       | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                  | MAILI         | NG ADDRESS:                                  | STREET/COURI  | ER ADDRESS:  |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

TO: '

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FLOR   | IDA QUALITY RE                              | ENOVATIONS, LLC                              | •                     |                       |
|--|---|--|-----------------------|-----------------------|
| (Name of the Limit   | ted Liability Compa<br>(A Florida Limited I | ny as it now appears (<br>Liability Company) | on our records.)      | <del>.</del>          |
| Articles of Organization for this Limited L<br>rida document number                      |   | were filed on                                | 10/27/2011            | and assigned          |
| s amendment is submitted to amend the foll   | owing:                                      |  |                       |                       |
| If amending name, enter the new name o   | f the limited liab                          | ility company here                           | 2.                    |                       |
| FLORIDA QUALITY WORKS, L   | LC.   |  |                       |                       |
| new name must be distinguishable and contain the v                                       | vords "Limited Liabi                        | lity Company," the desi                      | ignation "LLC" or the | abbreviation "L.L.C." |
| ter new principal offices address, if applicable:  |   | 12423 SW 125TH                               | STREET                |                       |
| incipal office address MUST BE A STREE   |   | MIAMI, FL 33186                              |                       |                       |
| nter new mailing address, if applicable:  **Idailing address MAY BE A POST OFFICE BOX**) |   | 12423 SW 125TH<br>MIAMI, FL 3318             |                       |                       |
| If amending the registered agent and istered agent and/or the new registered o           |   |  | our records, enter    | the name of the       |
| Name of New Registered Agent:  | VDA SERVICES                                |  |                       | APR<br>AHAS           |
| New Registered Office Address:   | 16207 SW 53R                                |  | a street address      | 23 PM                 |
|  | MIAMI                                       |  | , Florida _           | S3185                 |
|  |   | City   |                       | Zip Code              |
| v Registered Agent's Signature, if changing l  |   |  |                       |                       |

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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 = A     | uthorized Member |                |                |
|--------------|------------------|----------------|----------------|
| <u>Title</u> | <u>Name</u>      | <u>Address</u> | Type of Action |
|              |                  |                | Add            |
|              |                  |                | ☐ Remove       |
|              |                  |                | Change         |
|              | ·                |                | Add            |
|              |                  |                | □ Remove       |
|              |                  |                | ☐ Change       |
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| ffective   | date, if other than the date of filing:(optional)   |               |
| an effecti | we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed. | )207<br>1 a s |
|            | 's effective date on the Department of State's records.   | ı as          |
|            |   |               |
|            | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie of the cord is filed.  | O             |
|            | APRIL 11 (2018)   |               |
| ated       | ATRIE 11 , /2018 /  |               |
|            |   |               |

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Typed or printed name of signee

Filing Fee: \$25.00