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SECRETARY OF STATE
NATIONAL ARREST FOR ORDER

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COVER LETTER

	egistration Se ivision of Cor					
	QUALITY	INTERNATIONAL REAL ES	TATE, LLC			
SUBJECT	:	Name of Lim	ited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		ELEONORA SHKROB				
			Name of Person			
		QUALITY INTERNATIO	NAL REAL ESTATE, LLC			
			Firm Company			
5906 N CRANBERRY BLVD						
			Address			
		NORTH PORT, FL 34286				
		City/State and Zip Code norasflorida@gmail.com				
		E-mail address: (to be used for future annual report notifi	ication)		
For further	information c	oncerning this matter, please ca	nil:			
Eleonora S	Shkrob		941 225-0378 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed i	s a check for th	ne following amount:				
= \$25.00	Filing 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)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY INTERNATIONAL REAL ESTATE, 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 04/10/2012	and assigned
	were med on	and assigned
Florida document number 1.12000048524	•	≥ 8 =
This amendment is submitted to amend the following:		ECRUIAR ELAHASS
A. If amending name, enter the new name of the limited liab	ility company here:	SS L
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbr	—————————————————————————————————————
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
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 here		<u>ie name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zıp Code

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 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>	<u>Name</u>	Address	Type of Action
AMBR	MIKHAIL SHKROB	5906 N CRANBERRY BLVD NORTH PORT, FL 34286	
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			Remove
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	Octo	ober 30, 2018			
fective date, if other than the	date of filing:	 	<u></u>	_ (optional)	
an effective date is listed, the date mu ote: If the date inserted in this bl					
ocument's effective date on the D					
record specifies a delayer		out not an effe	ective time, at 1	.2:01 a.m. on the e	arlier o
The 90th day after the rec	ord is filed.				
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee