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7019 SEP -3 PH 2: 5

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COVER LETTER

TO:	Registration Se Division of Cor		<i>:</i>	•
SUBJI		INTERNATIONAL REAL ES	STATE, LLC	
NUDJI		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return 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		
		norasflorida@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
ELEO	NORA SHKROB		941 225-0378 at ()	
	Name of	Person	 ` ' 	e Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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)

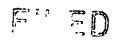
MAILING ADDRESS:

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

2019 SEP -3 PH 2:50

(A WA	bility Company as it now appears on our records orda Limited Liability Company)	<u>s.</u>)
(A no	mua Ennited Claumty Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 04/10/2012	and assigned
Florida document number L12000048524	·	
	<u> </u>	
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
/Deinginglaffice address MUST DE A STREET AD	DRFSS)	
<u> Trincipal office adaress Miost de Astreet Ad</u>	<u></u>	
Trincipul office uduress MOST BE A STREET AD		
(Principul office uduress SIOST BE A STREET AD		
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or re	egistered office address on our records	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or re	egistered office address on our records	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or re	egistered office address on our records	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or re- registered agent and/or the new registered office a Name of New Registered Agent:	egistered office address on our records	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records	, enter the name of the
registered agent and/or the new registered office a Name of New Registered Agent:	egistered office address on our records address here: Enter Florida street address	, enter the name of the

If Changing Registered Agent, Signature of New 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MIKHAIL SHKROB	5906 N CRANBERRY BLVD NORTH PORT, FL 34286	
		<u></u>	■ Remove
			☐ Change
			Add
			□ Remove
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			D Add
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		29, 2019		
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be priced does not meet the appl	icable statutory filing re	(optional) than 90 days after filing.) Pursi equirements, this date will n	uant to 605.0 oot be listed
he record specifies a delayed The 90th day after the reco	effective date, but rord is filed.	not an effective tim	e, at 12:01 a.m. on th	ne earliei
Dated	2019			
2000	0	 -		
ashk	(106) Signature of a member or aut			

Page 3 of 3

Filing Fee: \$25.00