L12000049455

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		7/12/21



06/07/21--01019--010 **25.00



Office Use Only

COVER LETTER

ТО: –	Registration Section		
	Division of Corporations		
	\cap	• •	•
SUBJI	cr: Quality Resources 41A	UC	
	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:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 JUN -7 PH 12: 13

(<u>A Florida Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{9/11/2012}{2012}$ and assigned Florida document number _____0000 49455 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 6169 Canshire Dr. Tanga t-1 33634 (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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

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MGR = Manager AMBR = Authorized Member		Address 21 JUN -7 PM 12: 13		
Title	<u>Name</u>	Address 21 JUN - 7 TITLE	Type of Action	
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		Port Richy FY 34668	🗌 Remove	
			🗅 Change	
mern	Jose Mininder	6169 Lawhire Dr	E Add	
		Tompa F1 33634		
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E. Effective date, if other than the date of filing: ________________(optional) (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	14/21 Thish Artal
	Signature of a member or authorized representative of a member
	Christie Lited.
·	Typed or printed name of signee