

LP2000 106201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

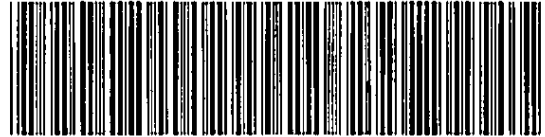
(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 FEB 17 PM 8:14

November 12, 2020

GARY GRESSLER
1204 TURTLE HILL CIRCLE
S. PONTE VEDRA BEACH, FL 32082

SUBJECT: NORTHEAST QUALITY SERVICES LLC
Ref. Number: L12000106201

(ON FILE ~~SERVICES~~
IS INCORRECTLY SPOelled
AS SERVICES, NOT
WHAT YOU HAVE HERE

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly. *NO IT HAS A WORD SPOelled WRONG ON SUNBIZ*

If you are amending the name, enter the new name of the limited liability company.

Please specify which article number and/or article title you are amending, adding, or deleting.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 520A00022607

✓ *THE CURRENT NAME ON FILE HAS ^{+SUNBIZ} SERVICES SPOelled
SERVICES, THIS SPOelling IS INCORRECT*

*I SUBMITTED THE AMENDMENT TO CORRECT THE SERVICES
SPOelling ON SUNBIZ WHICH HAS SERVICES SPOelled ~~SERVICES~~*

www.sunbiz.org

ARTICLES OF AMENDMENT

TO

ARTICLES OF ORGANIZATION

OF

SPELLING ERROR
↓
NORTHEAST QUALITY SERIVCES 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 08/16/2012 and assigned
Florida document number L12000106201.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: *NAMC W SERVICES SPELLLED CORRECTLY*

NORTHEAST QUALITY SERVICES LLC

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:

(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 _____
City Zip 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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NONE

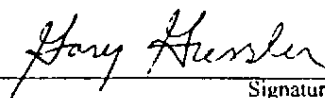
E. Effective date, if other than the date of filing: 11/01/2020 (optional)

(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 9/25 2020



Signature of a member or authorized representative of a member

GARY GRESSLER

Typed or printed name of signer

Filing Fee: \$25.00