

L130000065725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

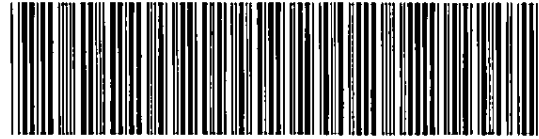
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300315141823

06/29/18--01012--023 \*\*25.00

43.75

18 JUL 16 AM 10:28  
FILING OFFICE  
CLERK

JUL 20 2018

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 2, 2018

MANUEL A HIDALGO  
11865 SW 26TH ST #C40  
MIAMI, FL 33175 US

SUBJECT: QUALITY BLUEPRINTING, LLC  
Ref. Number: L13000065725

We have received your document for QUALITY BLUEPRINTING, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 418A00013684

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: QUALITY BLUEPRINTING LLC

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:

MANUEL D HIDALGO

Name of Person

QUALITY BLUEPRINTING LLC

Firm/Company

11865 SW 26TH ST. SUITE C-40

Address

MIAMI, FL 33175

City/State and Zip Code

QUALITY@QUALITYBLUEPRINTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANUEL A HIDALGO

305 559-9854  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

RECEIVED  
2018 JUL 16 PM 2:19  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
40

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

QUALITY BLUEPRINTING 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 05/06/2013 and assigned  
Florida document number L13000065725.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

11865 SW 26TH ST. SUITE C-40. MIAMI, FL 33175

**(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:

MANUEL D HIDALGO

New Registered Office Address:

11865 SW 26TH ST. SUITE C-40

*Enter Florida street address*

MIAMI

*City*

, Florida 33175

*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

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>      | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|------------------|----------------------------|--|
| MGR          | MARISOL HIDALGO  | 11865 SW 26TH ST. STE C-40 | <input type="checkbox"/> Add               |
|              |                  | MIAMI, FL 33175            | <input checked="" type="checkbox"/> Remove |
|              |                  |                            | <input type="checkbox"/> Change            |
| MGR          | MANUEL D HIDALGO | 11865 SW 26TH ST. STE C-40 | <input checked="" type="checkbox"/> Add    |
|              |                  | MIAMI, FL 33175            | <input type="checkbox"/> Remove            |
|              |                  |                            | <input type="checkbox"/> Change            |
|              |                  |                            | <input type="checkbox"/> Add               |
|              |                  |                            | <input type="checkbox"/> Remove            |
|              |                  |                            | <input type="checkbox"/> Change            |
|              |                  |                            | <input type="checkbox"/> Add               |
|              |                  |                            | <input type="checkbox"/> Remove            |
|              |                  |                            | <input type="checkbox"/> Change            |
|              |                  |                            | <input type="checkbox"/> Add               |
|              |                  |                            | <input type="checkbox"/> Remove            |
|              |                  |                            | <input type="checkbox"/> Change            |
|              |                  |                            | <input type="checkbox"/> Add               |
|              |                  |                            | <input type="checkbox"/> Remove            |
|              |                  |                            | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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.

Dated JULY 11 2018

Typed or printed name of signee

18 JUL 16 AM 10:28