L13000092564

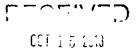
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	··
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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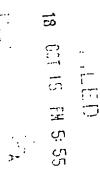




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10/16/18--01026--017 **25.00





COVER LETTER

Division of Corp	oorations	•	
SUBJECT: QUO	ulity Custon	1 Services, ited Liability Company	LLC_
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Richard	A. Lee Name of Person	
		Firm/Company	
	1279 Sha	ady Oak Lar	1 <u>e</u>
	Deland,	FL 32720 City/State and Zip Code	
	quality cus E-inali address: (1)	Stomser Vices	IIcayahoo.com
For further information co	neerning this matter, please ca	att:	
Richard Name of	A bee	at (<u>386)</u> <u>848 -</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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)

MAILING ADDRESS:

Registration Section

TO:

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 Custo (Name of the Limited Liah (A Flor	Services illity Company as it now appears on our recordida Limited Liability Company)	<u>C</u>
The Articles of Organization for this Limited Liability Florida document number <u>L 13000092</u>	Company were filed on $06/27/3$	2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	. 6
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5 h
(Principal office address MUST BE A STREET ADI	DRESS)	27
		2. 2. 2.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office at		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	ss
	, FI	orida
	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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Melissa A. Lee	1279 Shady Oak In	Add
		Deland, FL 32720	□ Remove
			□ Change
			Remove
		· · ·	Change
			Add .
			Remove
			Change
			🗆 Add
			Remove
			Change
			D Add
			□ Remove
			Change
			🗖 Add
			Remove
			Change

Richard A. Lee	Ownership	49%
Melissa A. Lee	Ownership Ownership	51%
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effective date is listed, the date must be specific and cannot be prior. If the date inserted in this block does not meet the applicament's effective date on the Department of State's records.	(optional to date of filing or more than 90 days after filing able statutory filing requirements, this day	ng.) Pursuant to 605.
ecord specifies a delayed effective date, but no se 90th day after the record is filed.	t an effective time, at 12:01 a.n	n. on the earlie
d October 4 . 201	& .	
Signature of a member or author	orized representative of a member	

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

Page 3 of 3

Filing Fee: \$25.00