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(A	Address)	_
(A	Address)	_
(0	City/State/Zip/Phone #)	_
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([Document Number)	_
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	gistration Se vision of Cor			
CUD INCOM		JALITY CONTRACTOR LLC	·	
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		,	ALFREDO MERCADO	. (19 (19 8
			Name of Person	
		NEXC	GEN ACCOUTANTS LLC	<u> </u>
			Firm/Company	į
		3505 S	OUTHSIDE BLVD SUITE #7	F
			Address	٠, ــــــــــــــــــــــــــــــــــــ
		J	ACKSONVILLE, FL 32216	
			City/State and Zip Code INFO@NGA1040.COM	-
		E-mail address: (to be used for future annual report no	otification)
For further is	nformation c	oncerning this matter, please c	all:	
ALFRE	DO MERCA	ADO	904 619-2	675 EXT 102
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25,00 H	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	porations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&S QUALITY CONTRACTOR LLC				
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear ia Limited Liability Company)	ars on our records.)		-
The Articles of Organization for this Limited Liability (Company were filed on _	07 / 15 / 2014	and :	assigned
Florida document number L14000111545				_
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company h	iere:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the	abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			<u> </u>	
Principal office address MUST BE A STREET ADD	RESS)			
		_		
		-	,	7
Enter new mailing address, if applicable:			1	- Charles
(Mailing address MAY BE A POST OFFICE BOX)				111
				U
	-		- 	
B. If amending the registered agent and/or regis		n our records, <u>ente</u>	r the nam	e of the
registered agent and/or the new registered office add	<u>lress here</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flo	orida street oddress		
		Florida _		
	City:		Zip Cod	ie

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>	Address	Type of Action
AMBR	ANA D. BRACHO-FINOL	2537 SOUTHSIDE BLVD	
			Add
		JACKSONVILLE, FL 32216	
			■ Remove
			Change
	DANIEL SOTO	2041 MERCED CT	Change
AMBR			
		JACKSONVILLE, FL 32224	
			□ Remove
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ective date, if other than the date of filing:	ccr.	(optional)	
te: If the date inserted in this block does not meet the application	io date of fitting or more than able statutory filing requir	rements, this date will r	uant to 605.020 of be listed a
cument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not	an effective time, a	at 12:01 a.m. on ti	ne earlier o
he 90th day after the record is filed.			
SEPTEMBER 14 2018			
ted, 2016	-;		
(.) A+> /			

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Typed or printed name of signee

Filing Fee: \$25.00