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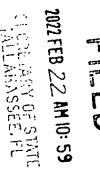
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COVER LETTER

TO:			RE	CEIVED
	D & S QUA	ALITY CONTRACTOR LLC		1
SUBJ	ECT:		2022 JA	N 28 AM 0. 00
		Name of Lim	ited Liability Company	TO HU 3: UZ
			SECAL:	FREY STATE
RECEIVED Division of Corporations D & S QUALITY CONTRACTOR LLC Name of Limited Liability Company STATE AND 9: 02 STATE The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ALFREDO MERCADO Name of Person PRIMETAX SOLUTIONS LLC Firm/Company 50 N LAURA ST STE 2500 Address JACKSONVILLE, Fl. 32202 Chy/State and Zap Code FREDO@PRIMETAXJAX.COM E-mail address: To be used for future amount report notification) For further information concerning this matter, please call: ALFREDO MERCADO Name of Person Aten Code Daytine Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy Tadditional copy is enclosed: Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations				
	Diesion of Corporations D & S QUALITY CONTRACTOR LLC The state of Limited Liability Company Secretary Contractor Contractor Company Secretary Contractor Company Solve and Corporation Company ALFREDO MERCADO Name of Person PRIMETAX SOLUTIONS LLC Firm Company Solve Laura ST STE 2500 Address JACKSONVILLE, FL 32202 City/State and Zip Code FREDO@PRIMETAXIAX.COM E-mail address to be used for future annual report notification) her information concerning this matter, please call: DO MERCADO Name of Person Name of Person Name of Person On Her Code Top State Code Top Only Telephone Number at (
Piease	return all correspo	ondence concerning this matter	to the following:	
		ALFREDO MERCADO		
			Name of Person	
		PRIMETAX SOLUTIONS	SLLC	
			• •	
		50 N LAURA ST STE 250	0	
			Address	
		JACKSONVILLE, FL 322	02	
		FREDO@PRIMETAXJAX		
		E-mail address: (to be used for future annual report n	otification)
For tur	rther information c	concerning this matter, please c	all:	
			at ()	
	Nume o	of Person	Area Code Day	time Telephone Number
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		-		
≡ \$2	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Address	<u>ss:</u>		
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		-		•
	P.O. Box 65.	21	The Centre o	I Taffahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



RECEIVED

2022 FEB 22 PM 1: 03

FLORIDA DEPARTMENT OF STATE SUCREMANT OF STATE Division of Corporations TALLAHASSEE, FL

February 10, 2022

ALFRREDO MERCADO PRIME TAX SOLUTIONS LLC 50 N LAURA ST - STE. 2500 JACKSONVILLE, FL 32202

SUBJECT: D & S QUALITY CONTRACTOR LLC

Ref. Number: L14000111545

We have received your document for D & S QUALITY CONTRACTOR LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

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

Letter Number: 722A00003379

Irene Albritton Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO. ARTICLES OF ORGANIZATION OF

D & S QUALITY CONTRACTOR LLC

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record ited Liability Company)	<u>»</u>)
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{\text{L14000111545}}{\text{L14000111545}}$.	pany were filed on	and assigned
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 I	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		28.7
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	AS THE TIME
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	fice address on our records, enter	
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capacity. I find the objection of a selection of a selection of a selection of a selection of the selection of the selection of a selection of the selectio	nd I am familiar with and F.S. Or, if this document is
If	Changing Registered Agent, Signature o	f 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> MGR	<u>Name</u> FRANCIS I PARRA ACOSTA	Address 1127 BROOKMONT AVE E	Type of Action
		——————————————————————————————————————	□Add
		JACKSONVILLE, FL 32211	Remove
			□Change
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