## L14000147895

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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SECRETARY OF STATE
AND ANASSEFT FLORIDA

J. Stilvers DEC 0 9 2014

## **COVER LETTER**

| TO: Registration Second Division of Corp |  |   | · •  |
|--|--|---|--|
| Quick Ho                                 | use USA, LLC                                 |   |  |
| SUBJECT:                                 | Name of Limi                                 | ited Liability Company  |  |
|  |  |   |  |
| The enclosed Articles of                 | Amendment and fee(s) are sub-                | mitted for filing.  |  |
| Please return all correspon              | ndence concerning this matter                | to the following:   |  |
|  | Paulo Desouza                                |   |  |
|  |  | Name of Person  | <del></del>  |
|  | Quick House USA,LI                           | LC  |  |
|  |  | Firm/Company  | <del></del>  |
|  | 10007 Vestal Place                           |   |  |
|  |  | Address   |  |
|  | Coral Springs, FL 33                         | 071   |  |
|  |  | City/State and Zip Code   | ·  |
|  | Lakesidemiami@aol.e                          |   | •  |
|  | E-mail address: (t                           | o be used for future annual report notific                          | ation)   |
| For further information co               | oncerning this matter, please ca             | ıll:  |  |
| Paulo Desouza                            |  | 954 235-0563  |  |
| Name of                                  | Person                                       | Area Code Daytime T   | elephone Number  |
|  |  |   |  |
| Enclosed is a check for th               | e following amount:                          |   |  |
| ■ \$25.00 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
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

| QUICK HOUSE USA, LLC   |  |                        |
|--|--|------------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I   | ny as it now appears on our records.) Liability Company) | <del></del>            |
| The Articles of Organization for this Limited Liability Company Florida document number L14000147895                   | were filed on SEPT. 22, 2014                             | and assigned           |
| This amendment is submitted to amend the following:  |  |                        |
| A. If amending name, enter the new name of the limited liab  | ility company here:                                      |                        |
| The new name must be distinguishable and end with the words "Limited Liab  | oility Company," the designation "LLC" or the            | abbreviation "L.i.,C." |
| Enter new principal offices address, if applicable:  |  |                        |
| (Principal office address MUST BE A STREET ADDRESS)  |  |                        |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)                                |  |                        |
| R If amending the registered agent and/or registered of  | ffice address on our records, enter                      | The name of the nev    |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | -  | ORE CRE                |
| Name of New Registered Agent:  |  | NA I                   |
| New Registered Office Address:   |  |                        |
|  | Enter r toriua street auaress                            |                        |

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action** Title Name <u>Address</u> 10007 VESTAL PLACE **AMBR** LUCIANO S. LOPES ■ Add CORAL SPRINGS, FL 33071 □ Remove OSMAR A. MUCCILLO 10007 VESTAL PLACE AMBR **■** Add CORAL SPRINGS, FL 33071 ☐ Remove ☐ Add ☐ Remove ☐ Remove □ Add ■ Remove

| PURPOSE OF LLC: GAL   | LVANIZED STEEL PANELS FOR ARCHITECTURAL   |
|---|---|
| STRUCTURES, HOUSE   | ES, BUILDINGS AND SHOPPING PLAZAS. ALSO   |
| IMPORT AND EXPORT   | MATERIALS FOR CONSTRUCTION.   |
|   |   |
|   |   |
|   |   |
| ne effective date must be specific, cannot b  | be prior to date of receipt or filed date and cannot be more than 90 days after                         |
| he effective date, if other than the dath he effective date must be specific, cannot be the date this document is filed by the Floridated NOVEMBER 25 | be prior to date of receipt or filed date and cannot be more than 90 days after                         |
| he effective date must be specific, cannot be the date this document is filed by the Floridated NOVEMBER 25   | be prior to date of receipt or filed date and cannot be more than 90 days after la Department of State) |
| he effective date must be specific, cannot be the date this document is filed by the Floridated NOVEMBER 25   | pe prior to date of receipt or filed date and cannot be more than 90 days after la Department of State) |

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Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FLORID