## L14000 196717

|                      | (Requestor's Name)       |
|----------------------|--------------------------|
|                      | (Address)                |
|                      | (Address)                |
|                      | (City/State/Zip/Phone #) |
| PICK-UF              | P WAIT MAIL              |
|                      | (Business Entity Name)   |
|                      | (Document Number)        |
| Certified Copies     | Certificates of Status   |
| Special Instructions | s to Filing Officer:     |
|                      |                          |
|                      |                          |
|                      |                          |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Se<br>Division of Co                                  |   |  |  |
|--|---|--|--|
| SUBJECT:   | Quality Technical (                       | Communication LLC  |  |
|  |   | ited Liability Company   |  |
| The enclosed Articles of   | Amendment and fee(s) are sub              | omitted for filing.  |  |
| Please return all correspondent  | ondence concerning this matter            | to the following:  |  |
|  |   | Abdiel Rodriguez   |  |
|  |   | Name of Person   | <del></del>  |
|  |   | Firm/Company   | <del></del>  |
|  | 25  | 520 Desoto Blvd South  |  |
|  |   | Naples FL 34117  |  |
|  |   | City/State and Zip Code  |  |
|  |   | 2015@gmail.com to be used for future annual report notification)   |  |
| For further information of   | concerning this matter, please c          | •  |  |
|  | Rodriguez                                 | at (786)326-1178   | <del></del>  |
| Name o   | of Person                                 | Area Code Daytime Telephone ?  | Vumber   |
| Enclosed is a check for t  | he following amount:                      |  |  |
| <b>№</b> \$25.00 Filing Fee  | S30.00 Filing Fee & Certificate of Status | Certified Copy Co (additional copy is enclosed) Co   | 0.00 Filing Fee. entificate of Status & entified Copy ditional copy is enclosed) |
| Mailing Address Registration : Division of O P.O. Box 632 Tallahassee, | Section<br>Corporations<br>27             | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Strallahassee, FL 32303 |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  | Communication LLC   |
|--|---|
| ( <u>Name of the Limited</u><br>(A   | Liability Company as it now appears on our records.) A Florida Limited Liability Company)   |
| The Articles of Organization for this Limited Liab   |   |
| This amendment is submitted to amend the follow  | ving:   |
| A. If amending name, enter the new name of the   | he limited liability company here:  |
| The new name must be distinguishable and contain the word  | ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."          |
| Enter new principal offices address, if applicab   | ole:  |
| (Principal office address MUST BE A STREET   | ADDRESS)  |
|  |   |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BO            | <u> </u>  |
| B. If amending the registered agent and/or reg<br>agent and/or the new registered office address | istered office address on our records, <u>enter the name of the new registered</u><br>here: |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   |   |
| New Hegistered Office Hadross.   | Enter Florida street address  |
|  | Florida   |
|  | , Florida   |
|  | City Zig Çode 10  |
| New Registered Agent's Signature, if changing Reg  | City Zig Çode 10  |

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 |
|--------------|-------------|---------------------------------------|----------------|
| MGR          | Ivet Oliva  | 1013 Thompson ave                     | <b>S</b> Add   |
|              |             | Lehigh Acres, FI 33972                | □Remove        |
|              |             |                                       | □Change        |
|              |             |                                       | □ Add          |
|              |             |                                       | □Remove        |
|              |             |                                       |                |
|              |             |                                       | □Add           |
|              |             |                                       | □Remove        |
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|              |             |                                       | □Remove        |
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|              |             | `                                     | □Change        |
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|              |             |                                       | □Remove        |
|              |             |                                       | □ Change       |

| f amending      | any other information, en             | nter change(s) here: (Attach a                 | dditional sheets, if necessary.)   |                 |
|-----------------|---------------------------------------|--|--|-----------------|
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| fective date    | e, if other than the date of          | f filino:                                      | (ontional) ~   | O               |
| in effective da | te is listed, the date must be speci  | ific and cannot be prior to date of filing     | (optional) or more than 90 days after filing.) Pursul filing requirements, this date will in | ant to 605.020° |
|                 | fective date on the Departmen         |  | : 5  | ot be fisien as |
|                 |                                       |  | 26   | ***             |
|                 | ies a delayed effective date, b       | out not an effective time, at 12:01            | a.m. on the earlier of: (b) The <b>10th</b>  | day after the   |
| is filed.       |                                       |  | щ<br>—   |                 |
| stad            | April 21                              | 2021   |  |                 |
| ated            |                                       |  |  |                 |
|                 |                                       | - <del></del>                                  |  |                 |
|                 | Signatur                              | e of a member or authorized represen           | tative of a member   |                 |
|                 |                                       | Abdiol Podrigues                               |  |                 |
|                 | · · · · · · · · · · · · · · · · · · · | Abdiel Rodriguez Typed or printed name of sign | nec  | <del></del>     |

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