L14000196717

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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2022 MAR -3 PH 2: 06
SECRETARY OF STATE

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: Que []	Y Technical Name of Lim	Communication (LLC.
The enclosed Articles of An	nendment and fee(s) are sub	emitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Abdiel	Rodrique Z	
		Name of Ferson	
	<u>Quality</u>	Technical Comm	uniced ion LLC
	7520 Deso.	to Blud South	
		Address	
	Naples, 7	City/State and Zip Code	
-	E-mail address:	015@ Email. Com to be used for future annual report noti	Contion
m			neation)
For further information conc		all:	
Abdiel Radrige	ve 7	786 326-	11 78
Name of Pe	rson	at (786) 326-7 Area Code Daytim	e Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailina Addansa		S	

Mailing Address:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Quelity Technic	cl Communicati	ON LLC 2022 MAR -3 PM 2:06
(Name of the Limited (A) The Articles of Organization for this Limited Liab Florida document number L140001967	inty Company were fried on	SON LLC 2022 MAR -3 PM 2: 06 SON OUT records. SECRETARY OF STATE 12 30 ADDITABLE HASSEE, FL and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of the	C	<u>re</u> :
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address b		ecords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	ida street address
	7240	, Florida
	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 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>	Name	<u>Address</u>	Type of Action
<u>M6R</u>	Olive IVET	1013 Thompson Ave Lehigh	□Add
		Acres, FL.3397Z	
			□Change
			□Add
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lf an eff <u>Note:</u>	ve date, if other than the date of filing: Z - 18 - ZOZZ
e record rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	February 18 2022
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00