

L15000087187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 09 2015  
J. BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** QUALITY AIR SYSTEMS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WYATT SINGLETON

\_\_\_\_\_  
Name of Person

QUALITY AIR SYSTEMS LLC

\_\_\_\_\_  
Firm/Company

102 SANTA ANITA ST

\_\_\_\_\_  
Address

ORLANDO FL 32808

\_\_\_\_\_  
City/State and Zip Code

wyasingden@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WYATT SINGLETON

803 524 3509

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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FLORIDA

**TO  
ARTICLES OF ORGANIZATION  
OF**

QUALITY AIR SYSTEMS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/18/2015 and assigned  
Florida document number L15000087187.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

QUALITY AIR SYSTEMS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, 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.*

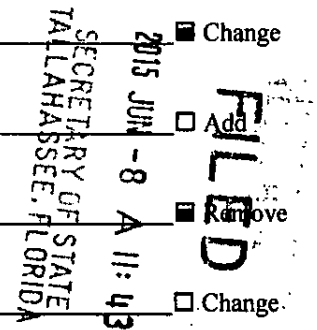
If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WYATT SINGLETON	1020 SANTA ANITA ST	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LILLAWATTIE GOPAUL	1020 SANTA ANITA ST	<input type="checkbox"/> Add
		ORLANDO FL 32808	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BARBARA JOHNS	539 BLAKE ST	<input type="checkbox"/> Add
		ROCK HILL SC 29730	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ALTHEA JOSEPH	1020 SANTA ANITA NST	<input type="checkbox"/> Add
		ORLANDO FL 32808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

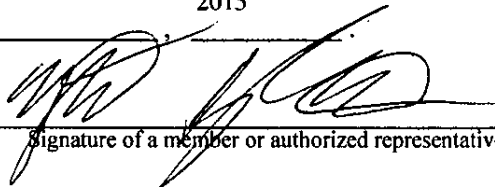
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JUNE 02 2015



Signature of a member or authorized representative of a member

WYATT SINGLETON

Typed or printed name of signee