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COVER LETTER

| TO: Registration Section , Division of Corporations |
|--|
| SUBJECT: QUEST LEATHER AND VINYL *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: |
| ANA SILVA - LEVIN Name of Person |
| QUEST LEATHER & VINYL LLC Firm/Company |
| 3722 SE GTH AVENUE |
| CAPE CORAL, FL 33904 City/State and Zip Code |
| ASILVALUS & GMAI. COM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| ANA SILVA-UEVIN at (703) 801-2154 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |

MAILING ADDRESS:
Provideration Spotion

Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Chilon Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

V V

| (A rioma Linneo Li | iability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Company v | were filed on $67/16/2015$ and assigned |
| Florida document number <u>L150001Z2318</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil | lity company here: |
| QUEST LEATHER & VINYL | |
| The new name must be distinguishable and contain the words "Limited Liabilit | ity 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) | AUG - |
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| Enter new mailing address, if applicable: | THE PARTY OF THE P |
| (Mailing address MAY BE A POST OFFICE BOX) | 元 2: 2: 2: |
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| B. If amending the registered agent and/or registered off | |
| registered agent and/or the new registered office address here. | : |
| registered agent and/or the new registered office address here: Name of New Registered Agent: | :· |
| Name of New Registered Agent: | : |
| | Enter Florida street address |
| | |

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

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 = Mai | ıager | | |
|------------|----------------|--|--|
| AMBR = Aut | horized Member | | |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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Page 3 of 3

Filing Fee: \$25.00