

**L15000168129**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

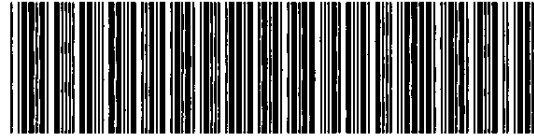
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**2017 MAY -8 P 3:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**D. BRUCE  
MAY 09 2017**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Quality Custom Design, 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:

Darek Smith

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

Quality Custom Design, LC

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

6209 Woodhaven Dr.

\_\_\_\_\_  
Address

Lakeland, FL 33811

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

qualitycustomdesignllc@gmail.com

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

For further information concerning this matter, please call:

Darek Smith

863 537-0133  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAY -8 P 3:15

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

QUALITY CUSTOM DESIGN, 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 10/2/2015 and assigned  
Florida document number 115000168129.

This amendment is submitted to amend the following:

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

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)

8051 Lake Lowery Rd.  
Haines City, FL 33844

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:

Michael Locke

New Registered Office Address:

~~5081 Lake Lowery Rd.~~

8051 Lake Lowery Rd.  
Enter Florida street address

Haines City

Florida

33844

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

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ricardo Pizano	5081 Lake Lowery Rd	<input type="checkbox"/> Add
		Haines City, FL 33844	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Darek Smith	6209 Woodhaven Dr	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 2011 MAY 28 P 3:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2017 MAY - 8  
SECRETARY  
TALLAHASSEE

**(optional)**

Pursuant to 605.0207.(3)(b)

Will not be listed as the

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.

2017

*[Handwritten signature]*

Signature of a member or authorized representative of a member

Michael Lake

Typed or printed name of signee