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SECHETARY OF STATE
TAITSAHASSEE, FLORIDA

K.SALY EXAMINER

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	r: Classic Quality Construction LLC.
CDJEC	Name of Limited Liability Company
The enclo	sed Articles of Amendment and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Kushs, Patel. Name of Person
,	Classic Quality Construction LLC.
	8300 currency drive. Address
	West Palm Beach, FL, 33404. City/State and Zip Code CQC 8991 @ 9 mail. com. E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Name of Person at (561) 568-6181 Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$25.0	Of Filing Fee \$\Bigcup \$30.00\$ Filing Fee \$\Bigcup \$55.00\$ Filing Fee \$\Bigcup \$60.00\$ Filing Fee, Certificate of Status \$\Bigcup \$certified Copy (additional copy is enclosed) 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

TO ARTICLES OF ORGANIZATION OF

Classic Quality Con	Struction, LLC. Note that the structure of the structure
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) ALLANTIRY
The Articles of Organization for this Limited Liability Company Florida document number L 16000010488	$I_{i} = I_{i}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>ility company here:</u>
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
•	
	, Florida

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>	Type of Action
MGR	Dipan. Patel.	8300 currency drive. West Palm Beach, FL, 33404	DAdd
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(If an effect Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	April 26th., 2016.
	April 26th., 2016.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00