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(Reque	stor's Name)
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PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	nent Number)
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R. WHITE AUG 12 2013

## **COVER LETTER**

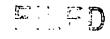
Division of Corporations
SUBJECT: Qdca Services LLC.
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
GENE Brascom 5 Tr. Name of Person
·
Odca Services LLC.
Firm/Company
500 3 South St.
Address
Orlando, 12 32811
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
•
For further information concerning this matter, please call:
Name of Person  Name of Person  Name of Person  Name of Person  Area Code  Daytime Telephone Number
And Code Dayline Telephone (uniform
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



	O1	
adca Service	ces LLC.	2019 AUG -5 AM 10: 47
(Name of the Limited (A	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on <u>02</u> k +458	04/2016 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation	"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	)X)	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ecords, <u>enter the name of the new</u>
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

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	Address	Type of Action
MGR	Gere Brascomb Sr.	5003500th St. 12328	do H Add
			Remove
MGR	Frederick Mills	4234 Prince Hall BLVD, FLS.	Change
			Remove
			Change
			Add
			□ Remove
			Change
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			Change

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record spe he 90th d	ecifies a delayed effe ay after the record i	ective date, bus filed.	ut not an effec	ctive time, at 1	2:01 a.m. on the	e earlier o
cd <b>B</b>	02/2019		<u>,19</u>			
	Signa	dure of a member o	or authorized repres	entative of a member		<del></del>
	<b>3</b>					

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Filing Fee: \$25.00