# U16 0000 41429

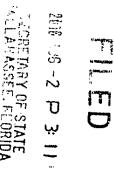
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### **COVER LETTER**

TO: Registration Section Division of Corpor		^	
SUBJECT: Que	Lity Air F	Plus LLC ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Marc	Fuentes	
		Name of Person  Fy Air Plus LL(  Firm/Company	
	3625 E	ast Genesee Str	reet
	Tampa	FL, 33610 City/State and Zip Code y air Plus 1@9 mai	·····
-	Qualit E-mail address: (to	y air plus 1@9 may o be used for future annual report notificat	il com
For further information conc	erning this matter, please cal	11:	
Marc Fuer Name of Pe	rson	at (727) 317 - (1727) Area Code Daytime Te	o 839 Elephone Number
Enclosed is a check for the fo	ollowing 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L16000141429</u>	2/29/2011
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	_
Enter new principal offices address, if applicable:	3625 east Genesee Street
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33610
Enter new mailing address, if applicable:	3625 east Genesee Street Tumpo, FL 33610
(Mailing address MAY BE A POST OFFICE &OX)	Tumpo, FL 33610
registered agent and/or the new registered office address he	office address on our records, enter the name of the new
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 ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is
If Cha	anging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 **Type of Action** <u>Title</u> <u>Name</u> **Address** mm Michael Martinez MGR □ Add 6904 W Manater Ave Bradenton FL ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove Change U □ Add ☐ Remove

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Filing Fee: \$25.00