To:

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FANJUL CPA, INC. Account Number : I20130000039

Phone : (305)603-8791

Fax Number : (877)503-6086

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUST QUALITY GROUP, L.L.C

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Certificate of Status	0
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Help

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Fax: (877) 503-6086

To:

Fax: +1 (850) 6176383 / Page 2 of 4, 08/23/2016 1:52 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUST QUALITY GROUP, L.L.C	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.)
The Articles of Organization for this Limited Liability Company were file	ed on 06/02/2016 and assigned
Florida document number L16000107032	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
 .	7 2
Enter new mailing address, if applicable:	Posterior Programme
(Mailing address MAY BE A POST OFFICE BOX)	82 2
B. If amending the registered agent and/or registered office address here:	dress on our records, enter the name of the ne
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 heing 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

Page 1 of 3

Fax: (877) 503-6086

To:

Fax: +1 (850) 6176393 / 4-08023 of 4-0602302018 1:52 PM

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>	Address	Type of Action
AMBR	LEONARDÓ P ROBUSTELLI	2301 NE 170 ST	■ Add
		APT 8	□ Remove
		NORTH MIAMI BEACH, FL 33140	Change
AMBR	MARIA A BASAVILBASO SRA	2301 NE 170 ST	
		8	Rcmove
		NORTH MIAMI BEACH, FL 33160	Change
AMBR	MARIA A BASAVILBASO	2301 NE 170 ST	₩. B Mid
		APT 8 ·	A## Kemove
		NORTH MIAMI BEACH, FL. 33160	SS 2
			□ Remove
			Change
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			Change
			Remove
			Change

From:	Robert	Faniul	

Fax: (977) 503-6086

To:

Fax: +1 (850) 6176383

Page: 4/of A 508/23/2018 1:52 PM 3 7 3

Effective date, if other than the date of filing: In effective date, if other than the date of filing: In effective date is listed, the date must be appecific and examot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (where If the date inserted in this block does not muct the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The 90th day after the record is filed. Significant of a member or authorized representative of a member Haria A BASAVIBASO Typed or printed name of signec.				
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