## L17000031334

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SECRETARY OF STATE

D. SCOTT MAY 4 2017

## **COVER LETTER**

TO:	Registration Se Division of Cor						
CLID IE		ALITY SERVICES LLC					
SUBJE	C1:	Name of Lim	nited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	emitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		LIZIANA DE DAVID					
			Name of Person				
			Firm/Company				
		4080 DANCING CLOUD	4080 DANCING CLOUD CT UNIT 218				
		<del></del>	Address				
		DESTIN, FL 32541					
			City/State and Zip Code				
		EDYDAVID67@YAHOO.					
		E-mail address: (	to be used for future annual report notificati	on)			
For furth	ner information co	oncerning this matter, please c	all:				
LIZIAN	A S DE DAVID		850 812-1597 at ()	TALLEC			
	Name of	f Person	Area Code Daytime Tel	ephone Number Nu			
Enclosed	d is a check for th	e following amount:		ing = 0			
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

KING QUALITY SERVICES 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  $\frac{02/08/2017}{}$ and assigned Florida document number \_\_\_\_\_\_17000031334 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) 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: New Registered Office Address:

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

Enter Florida street address

, 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>	Address	Type of Action
AMBR	EDY R DAVID	4080 DANCING CLOUD # 218	<b>■</b> Add
		DESTIN, FL 32541	☐ Remove
			□ Change
			Remove
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			HAYREMONE ED.  CRETARY OF STATE  LAHASSEE, FLORIDA
			□ Remove
			□ Change

f amending any other informa	tion, enter	change(s)	here: (At	tach additi	onal sheet.	s, if neces	sary.)		
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	be specific a ck does not	and cannot be t meet the a	pplicable sta	of filing or matutory filin	ore than 90 g requirem	(optior days after fi ents, this c	ling.) Pursuant	to 605. be liste	.020 ed a:
e record specifies a delayed The 90th day after the reco			t not an e	effective t	ime, at 1	.2:01 a.	m. on the	earlie	er o
ated May /-		,20/	7				SS	HAY -3	
					-6		640		= FD
	Signature of	a member or	authorized r	epresentative			LOR	∰ ID; 09	
	/ ^	•	Sierr printed name		. 1	avid	ATE	90	

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Filing Fee: \$25.00