

L170000035912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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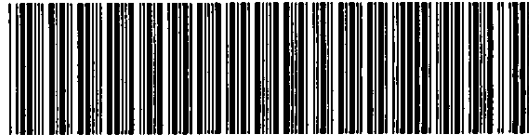
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TAMPA, FLORIDA

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MAR 01 2017

BRUCE VANDERLAAN

A T T O R N E Y A T L A W

February 21, 2017

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Amendment to change name for SDC QUALITY CONTRACTING SERVICES, LLC
 Florida Document Number L17000035912

Greetings:

Enclosed please find the Articles of Amendment to Articles of Organization of SDC QUALITY CONTRACTING SERVICES, LLC to change the name to SDC QUALITY CONSTRUCTION, LLC, along with the \$25.00 filing fee.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact me.

Regards,

Bruce H. Vanderlaan, Esq.

Bruce H. Vanderlaan, Esq.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SDC QUALITY CONTRACTING 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 02/14/2017 and assigned
Florida document number L17000035912.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SDC QUALITY CONSTRUCTION, LLC

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:

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

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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>	<u>Address</u>	<u>Type of Action</u>
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 TALLAHASSEE, FLORIDA

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 21, 2107

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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