## 117000098750

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17 AUG 31 PH 3: \$1 SECRETARY OF STATE TALL AHASSEE, FLORID

S. WARREN SEP 01 2017

## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT:	David Per	QLE LLC ed Liability Company	<del></del>
The enclosed Articles of An	nendment and fee(s) are submi	itted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Davi	Name of Person	
	David	Prince Firm/Company	
	<u>4401 G</u> 1	Address	WE_
	Lady La	City/State and Zip Code	32159
	E-mail address: (to	be used for future annual report notificat	ion)
For further information con-	cerning this matter, please call	:	
Down Programme of P	nale	at (350) 430 (Daytime Te	lephone Number
Enclosed is a check for the	following 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

(Name of the Limited Liabil	lity Companyas it unw appears on la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability of Florida document number		03   20   and assigned
This amendment is submitted to amend the following: .		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered

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 Co. (Co.)	Type of Action
MGR	REDECCA Milleur	14401 Griffin View DR Lady Lake FL 32159	<b>}_</b> □ Add
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, the ocument's effective date on the Department of State's records.	tional) er filing.) Pursuant to his date will not be	5 605.020 Histed a
e record specifies a delayed effective date, but not an effective time, at 12:01. The 90th day after the record is filed.	a.m. on the e	arlier (
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Signature of a member or authorized representative of a member	LASSE	- =
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Page 3 of 3

Filing Fee: \$25.00