## 118000129490

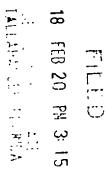
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	ation Secti n of Corpo				
JM	SL QUAL	ITY SERVICES LLC			
SUBJECT:		Name of Limit	ed Liability Company		<del></del>
The enclosed Art	ticles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please return all	correspond	ence concerning this matter t	o the following:		
		THOMAS S. GIBSON			
			Name of Person		
		RISH & GIBSON, P.A.			
			Firm/Company		
		P.O. BOX 39			
			Address		<del> </del>
		PORT ST. JOE, FL 32457			
		jludlam79@gmail.com	City/State and Zip Code		<del></del>
		E-mail address: (to	be used for future annual re	port notification	1)
For further inforr	mation con	cerning this matter, please ca	II:		
Thomas Gibson				8211	
	Name of P	erson	Area Code	Daytime Telep	phone Number
Enclosed is a che	eck for the	following amount:			
■ \$25.00 Filing	g 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)

TO:

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

MISE QUALITY SERVICES LEC	<del></del>	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company were filed on Feb	ruary 1, 2018 and assigned	i
florida document number L18000029490		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company her	<u>·e</u> :	
IMLS QUALITY SERVICES LLC		
he new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u></u>	
<del></del>	<u> </u>	
	B 20	
Enter new mailing address, if applicable:	11	<u>.                                    </u>
Mailing address MAY BE A POST OFFICE BOX)	P. C	.) 
	>	
3. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of th	ie no
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florie	da street address	

## New Registered Agent's Signature, if changing Registered Agent:

IMEL OHALITY CEDVICECT C

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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			☐ Change
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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date $\epsilon$	of filing or more than 90 days after filing.) Pursuant to 60 atutory filing requirements, this date will not be lis	
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ote: If the date inserted in this block does not meet the applicable sta		
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Filing Fee: \$25.00