L18000098422

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(Document Number)
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;	(COVER LETTER	
TO: Registration Sc Division of Cor			'Ni
QUALITY SUBJECT.	1 TRANSPORTATION LLC		
Subar.c.1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Piease return all correspo	indence concerning this matter	to the following:	
	LUIS A QUERO		
	·	Name of Person	
	QUALITY I TRANSPOR	TATION LLC	
		Firm/Company	
	15008 LAKESIDE COVE		
		Address	
	ODESSA, FL 33556		
		City/State and Zip Code	
	huisquero27(<i>à</i> ,hotmail.com E-mail address: (to be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca		
LUIS QUERO		813 5730883	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	ne following amount:		
\$25.00 Filing Fee	S30.00 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 Addres Registration (<u>Street Address:</u> Registration Sec	tion
-	orporations	Division of Corp	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ТО **ARTICLES OF ORGANIZATION** OF

EI ED

		2023 HAR -9 AH II: 17
QUALITY 1 TRANSPORTATION LLC		SECREMARY OF STATE
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	TALLAHASSEE, FLOR
The Articles of Organization for this Limited Liability C	Company were filed on April 19, 2018	and assigned
Florida document number L18000098422	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
QUALITY I GROUP LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	<u>RESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·····	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Floric	la 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
			🗆 Add
			🗆 Remove
			🖸 Add
			ŪAdd
			Change
		·	🖸 Add
			🗆 Add
			Change
			🖾 Add
			□Change

. . . .

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

March 03 ated	2023	
_	Signature of a member or authorized representative of a member	
LUIS A QUE	RO	

Typed or printed name of signee

Filing Fee: \$25.00