

L18000112173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

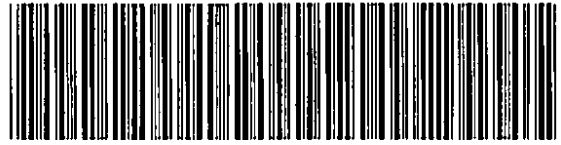
(Document Number)

Certified Copies _____ Certificates of Status _____

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18 AUG 13 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

AUG 15 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2018

AMIN MOHAMAD
362 S MAIN ST.
BELLE GLADE, FL 33430

SUBJECT: QUALITY PROPERTIES LLC
Ref. Number: L18000112173

We have received your document for QUALITY PROPERTIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 718A00015952

(1)

2018 AUG 13 PM 3:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Properties LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amin Mohamad
Name of Person

Quality Properties LLC
Firm/Company

362 S. main st
Address

Belle Glade FL, 33430
City/State and Zip Code

Amin85m@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amin Mohamad at (561) 449-1039
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
18 AUG 13 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Quality Properties 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 05/03/2018 and assigned
Florida document number L18000112173

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:

Enter Florida street address

City, Florida

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

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>
<u>Mgr</u>	<u>Abdallah Daas</u>	<u>3133 Fortune Way</u>	<input checked="" type="checkbox"/> Add
		<u>Ste 16</u>	<input type="checkbox"/> Remove
		<u>Wellington FL, 33414</u>	<input type="checkbox"/> Change
<u>Mgr</u>	<u>Belal Higas</u>	<u>3133 Fortune Way</u>	<input checked="" type="checkbox"/> Add
		<u>Ste 16</u>	<input type="checkbox"/> Remove
		<u>Wellington FL, 33414</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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18 AUG 13 AM 8:10
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

18 AUG 1954
SECRETARY OF
TALLAHASSEE, FLORIDA

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18 AUG 13 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 filing 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.

Dated 08-09-18 .

h. h.

Signature of a member or authorized representative of a member

Amin Mohamed

Typed or printed name of signee