

10/20/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC  
Account Number : I20200000130  
Phone : (954)345-7888  
Fax Number : (786)713-1940

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
QUALITE AMERICAS LLC**

Certificate of Status	0
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

QUALITE AMERICAS 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 06/12/2018 and assigned  
Florida document number L18000144907.

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)**

6173 RALEIGH STREET, APT 1714ORLANDO, FL 32835

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

6173 RALEIGH STREET, APT 1714ORLANDO, FL 32835

**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:

ALEX ALVAREZ GUARANA

New Registered Office Address:

6173 RALEIGH STREET, APT 1714

*Enter Florida street address*

ORLANDO

*City*

, Florida 32835

*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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**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>
MGR	ALVAREZ GUARANA, ALEX	6173 RALEIGH STREET, APT 1714	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARVALHO MOUTINHO, FABIANA	RUA JOAL ALFREDO 37 / 204	<input type="checkbox"/> Add
		TIJUCA, RIO DE JANEIRO RJ CEP 20511 390	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	QUALITE TURISMO LTDA - EPP	RUA JOAL ALFREDO 37 / 204	<input type="checkbox"/> Add
		TIJUCA, RIO DE JANEIRO RJ CEP 20511 390	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[The page contains faint horizontal lines and significant noise, suggesting it is either blank or has extremely faded text.]

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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.

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.

Dated SEPTEMBER 29TH 2020

Signature of a member or authorized representative of a member organization

Signature of a member or authorized representative of a member

FABIANA CARVALHO MOUTINHO

Typed or printed name of signee