L18000150633

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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June 15, 2020

BERNARD RIBORDY RIBORDY AND ASSOCIATES, INC 8780 SEMINOLE BLVD SEMINOLE, FL 33772

SUBJECT: QUALITY PEERFORMANCE REFINISHING LLC

Ref. Number: L18000150633

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

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. 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) 245-6050.

Letter Number: 220A00011768

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corpor	ations			
subject: <u>Âua.</u>	LITY PERFOR	MANCE RE	E FINISHING	LLC
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.		
Please return all corresponde	nce concerning this matter t	o the following:		
	BERNARD	RIBORNY Name of Person		
		J ASSO		<u>. </u>
	8780	SEMINOU	E BLUD.	
		Address		
	Ser	City/State and Zip Co	. 33777	<u></u>
	2000	City/State and Zip Co	de •	
-	DKID 16	5259 @ A	ual report notification)	
For further information conc				
BERNARD Name of Per	RISORDY	at (<u>727</u>) Area Code	397 - 920 Daytime Telepho	one Number
Enclosed is a check for the fo	ollowing amount:			
□ \$25.00 Filing Fee [□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY PEER FORMAN (Name of the Limited Liability Compa (A Florida Limited L	NCE REFIN ny as it now appears liability Company)	VISHING L	.LC
The Articles of Organization for this Limited Liability Company	were filed on	6-19-2018	and assigned
Florida document number <u>L 18000 15063</u> 3			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>'e</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			287
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			HV 92 HN 0
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our re	cords, <u>enter the na</u>	က္က မာ သ me of the new registered
Name of New Registered Agent: New Registered Office Address:			
	Enter Florid	la street address	
		, Florida _	
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n provided for in Cl	ny duties, and I an hapter 605, F.S. O.	n familiar with and r, if this document is

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>	Name	Address	Type of Action
AMBR	CHARUES CREAMER	248 HOFFMAN	🗆 Add
		248 HOFF, MAN 7AMPA, FL 33612	[Akem ove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Add
			□Remove
			□ Add
			□Remove
			□Change

	
(If an e <u>Note</u>	tive date, if other than the date of filing: 6-23-2020 (optional) ffective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	ord 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 filed.
Dated	1 <u>6.23.</u> . <u>2020</u> .
	Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member Diff(AU) 5 Typed or printed name of signee