

L18000197832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

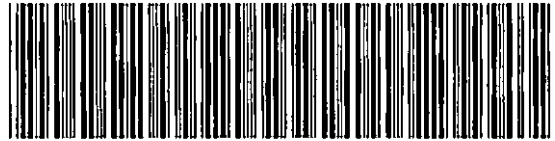
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 30 PM 3:01

N. COOPER

SEP 04 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Qualified Installers 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:

Evelyn Morales
Name of Person

Qualified Installers LLC
Firm/Company

2335 Bancroft Blvd
Address

Orlando, FL 32833
City/State and Zip Code

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

For further information concerning this matter, please call:

Evelyn Morales at (305) 310-8897
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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**

Qualified Installers 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 AUGUST 17, 2018 and assigned Florida document number L18000197832.

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)

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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

Florida

City

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>
AMBR	Evelyn Morales	2335 Bancroft Blvd	<input checked="" type="checkbox"/> Add
		Orlando, FL 32833	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

18 AUG 30 PM 3:01

E. Effective date, if other than the date of filing: AUGUST 17, 2018 (optional)

Effective date, if other than the date of filing: 11/09/2011 (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 AUGUST 22, 2018

Signature of a member or authorized representative of a member

Angel Morales

Typed or printed name of signer



Workers' Compensation Loss History Affidavit

✓ I, Angel Morales, do hereby verify and swear that (Company Name)

Qualified Installers LLC has incurred 0 injuries within
the last 36 months.

Please list the injuries and the costs incurred in the table below for the last 36 months:
(Note: If there are no injuries, write NONE in the table below.)

Year of Claim	Name of Injured	Amount of Claim	Describe Injury	Open / Closed

Please explain if an individual claim amount exceeds \$15,000.00 _____

Company Name: Qualified Installers LLC

X Signature: [Signature] Date: 8/22/2018

X Title/Position: Owner

*** This affidavit must be submitted with the New Client Profile Sheet when loss runs are not available, but only if currently with a PEO or this is new business. ***

Any person who knowingly and with intent to injure, defraud, or deceive and insurer files, statement of claim, or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage or conceal information pertinent to the compilation and application of an experience rating modification factor, is guilty of a felony of the third degree or as otherwise punishable as provided under the law.



Client Company Profile

NAICS Code: _____ Add-on Date: _____ Attn: _____
 Client #: _____ Marketing Rep: Brian Sheridan State RT Tax #: _____
 Client Name: Qualified Installers LLC Fed. Tax ID: 83-1613948
 DBA: _____ Contractors Lic #: _____
 Physical Address: 2335 Bancroft Blvd NCCI ID: _____
 City: Orlando State: Fl Zip: 32833 Yrs in Business: new
 Mailing Address: same City: _____ Zip: _____
 Owner's Name: Angel Morales Phone: 407-590-2799 Email: amorales@qualifiedinstallersllc.com
 Key Contact: Angel Morales Safety Contact: same Fax: _____
 Type of business: ☐ Sole Prop. ☐ Corporation. ☐ Non-Profit ☒ L.L.C. ☐ P.C. ☐ L.L.P. ☐ Partnership
 Description of Operations: roofing operations, residential, no hot tar.

List states operating in: Florida

Employee Information (A separate Payroll run may be provided. Provide complete information for each location.)

Hazard Group	Class Code	Rate	Number of EEs	Duties	Annual Payroll
roofing	5551	20.35	4	roofing	104000

General Liability Agent: _____ Agent Contact: _____ Phone #: 407-590-2799

Workers' Compensation History (Attach current loss runs and explanations of all claims over \$15,000)

Year	Carrier	Policy#	Premium	Mod	# of Claims	Paid Losses	O.S. Reserves

I attest that the claims information is, to the best of my knowledge, correct. I also attest that no outstanding premiums are owed to any other Professional Employer Organization or insurance carrier.

Signature & Title: [Signature] Date: 8/22/2018



General Subscriber Information

	Yes	No	If Yes, Please Explain
Does applicant own, operate or lease any aircraft/watercraft?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any past, present or discontinued operations, which involve exposure to chemicals, lead based paint, or hazardous materials?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any work performed under, on, or above water?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any work which may be subject to Jones Act, USL&H, or FELA?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any work performed underground or higher than 15 feet above ground level? (If Yes, detail max. height and max. depth)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1-2 stories
Any operations include excavation, tunneling, road boring, earth moving, or other underground work?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any fatalities in the past five years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is applicant involved in any business other than that specified in the description of operations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Do employees travel out of state or out of the country? If so, scope of travel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are any group travel or ride-sharing programs provided?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does the radius of operations vehicles exceed 200 miles?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are MVRs checked on all drivers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is a written safety program in place? (Attach a copy) If a program is in place, what is the schedule of safety meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Through Southeast
Has applicant been inspected by OSHA in the past three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Was applicant cited for any violations? (If Yes, explain.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Was applicant fined? If so, how much?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are any subcontractors used? (If Yes, what percentage of work is subcontracted? Also, what type of work is subcontracted?)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If any tree trimming work is performed, are any climbers or bucket trucks used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If any roofing work is performed, is any hot tar or hot mops used? (If Yes, what is the percent of all work performed?)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Please provide the percentages of commercial and residential work.	Commercial % 70		Residential % 30
Any prior coverage declined, cancelled or non-renewed in the past three (3) years? (If Yes, please provide details.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Signature: *[Handwritten Signature]*

Date: 8/22/2018