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COVER LETTER

TO: Registration Sc Division of Cor		,	
J & FS QU	ALITY CONSTRUCTION. LI	LC.	
SUBJECT: Name of Lin		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
	JOEL SANCHEZ DOMIN	!GUEZ	
		Name of Person	
	J & FS QUALITY CONS	TRUCTION, ELC	
		Firm/Company	
	2419 EAGLE TRACE DI	RIVE	
		Address	
	KISSIMMEE, FL 34746		
		City/State and Zip Code	
	joel141003@hotmail.com E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
JOEL SANCHEZ DÖM	INGUEZ	717 381-8707	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Cor	porations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & FS QUALITY CONSTRUCT			
(<u>Name of the Lin</u>	ited Liability Compa (A Florida Limited)	ny as it now appears on our records Liability Company)	
The Articles of Organization for this Limited	Liability Company	were filed on 09/14/2018	and assigned
lorida document number L18000218882	·		
his amendment is submitted to amend the fo	llowing:		
If amending name, <u>enter the new name</u>	of the limited liab	ility company here:	
& FS QUALITY CONSTRUCTION AND GAI	RAGE DOORS LLC	,	
he new name must be distinguishable and contain the	words "Limited Lizbi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if appl	icable:	2419 EAGLE TRACE DRIVE	
Principal office address MUST BE A STRE		KISSIMMEE, FL 34746	
	_		2701
			<u> </u>
Enter new mailing address, if applicable:		2419 EAGLE TRACE DRIVE	
Mailing address MAY BE A POST OFFICE	E BOX)	KISSIMMEE, FL 34746	
<u> </u>			. 2
			·
3. If amending the registered agent and/or	registered office	address on our records, <u>enter t</u>	the name of the new regis
gent and/or the new registered office addr			• •
Name of New Registered Agent:	JOEL SANCH	EZ DOMINGUEZ	
New Registered Office Address:	2419 EAGLE	TRACE DRIVE	
		Enter Florida street address	
	KISSIMMEE	, Flo	rida <u>34746</u>
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JOEL SANCHEZ DOMINGUEZ	2419 EAGLE TRACE DRIVE	≡ Add
		KISSIMMEE, FL 34746	□Remove
		·	☐ Change
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Filing Fee: \$25.00