

**L18000234380**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

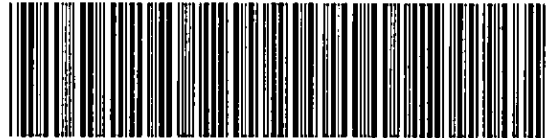
(Business Entity Name)

(Document Number)

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**600337515166**

12/05/19--01006--011 \*\*25.00

**FILED**

**2019 DEC -5 AM 10:00**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

**O SIMMONS**

**JAN 10 2020**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Quality Assurance Auction 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:

Alex Rudsky

Name of Person

Quality Assurance Auction LLC

Firm/Company

1931 Cordova Road suite 414

Address

FT Lauderdale FL 33316

City/State and Zip Code

A.rudsky@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Heffel

Name of Person

at ( 917 ) 456 7701

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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 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 Assurance Auction 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 10/03/2018 assigned  
Florida document number L18000234380

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2905 S Congress Ave  
Suite D  
Delray Beach FL 33445

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1931 Cordova Road  
414  
FT Lauderdale FL 33316

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>
mGR	Alexander Rudsky	1931 cordova Rd 414	<input type="checkbox"/> Add
		FT lauderdale FL 33316	<input type="checkbox"/> Remove
		change title from AR to manager	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
amBR	Beth Leffel	1931 cordova Rd 414	<input checked="" type="checkbox"/> Add
		FT lauderdale FL 33316	<input type="checkbox"/> Remove
add as authorized member			<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

FILED  
2019 DEC -5 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED  
2019 DEC -5 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

(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)

(b) The 90th day after the record is filed.

Dated

NOVEMBER 19, 2019

Signature of a member or authorized representative of a member

Alexander Rudsky

Typed or printed name of signee