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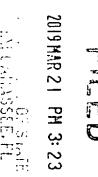
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| Certified Copies Cert | ificates of Status |
| Special Instructions to Filing Office | er: |
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C. GOLDEN
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COVER LETTER

| TO: | Registration Se Division of Cor | | | | | |
|----------------|------------------------------------|---|---|---|--|--|
| SUBJE | QuarterMas | sters LLC | | | | |
| | ··· | Name of Limited Liability Company | | | | |
| The enc | losed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please r | eturn all correspo | ndence concerning this matter | to the following: | | | |
| | | Michael James | | | | |
| | | QuarterMasters LLC | Name of Person | | | |
| | | 3102 Princewood Dr | Firm/Company | | | |
| | | Minneola, Florida 34715 | Address | | | |
| | | kamomy1@yahoo.com | City/State and Zip Code | | | |
| | | E-mail address: (t | to be used for future annual report notif | ication) | | |
| For furtl | her information c | oncerning this matter, please ca | all: | | | |
| Michae | l James | | 352 470-5408 at () Area Code Daytime | | | |
| | Name o | f Person | Area Code Daytime | Telephone Number | | |
| Enclose | d is a check for th | ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 MAR 21 PM 3: 23

| QuarterMasters LLC | | |
|--|---|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) ability Company) | 自一届第 8855. 图 |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on October 15, 2018 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | 3102 Princewood Drive | |
| (Principal office address MUST BE A STREET ADDRESS) | Minneola, Florida 34715 | |
| Enter new mailing address, if applicable: | 3102 Princewood Drive | |
| (Mailing address MAY BE A POST OFFICE BOX) | Minneola, Florida 34715 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: | | the name of the new |
| 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am forovided for in Chapter 605, F.S. Or, | amiliar with and if this document is nited liability |

Page 1 of 3

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> | Address | Type of Action |
|--------------|--------------|---------------------------------------|----------------|
| MGR | Steven Smoke | 35 Lee Road Phenix City, Al 36870 | Add |
| | | | ■ Remove |
| | | | ☐ Change |
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| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to dat ote: If the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records. | (optional) le of filing or more than 90 days after filing.) Pursuant to 605.02 statutory filing requirements, this date will not be listed |
| e record specifies a delayed effective date, but not an The 90th day after the record is filed. | effective time, at 12:01 a.m. on the earlier |
| March 20, 2019 | |
| | |

Page 3 of 3

Filing Fee: \$25.00