

# L18 000 260 340

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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EXAMINER

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
QUALITY OF LEAF PLLC

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EXAMINER

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QUALITY OF LEAF PLLC  
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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

QualityofLeaf@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

at (800) 773-0888 ext. 9724

Name of Person

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 &  
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☐ \$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

STATE OF FLORIDA  
TALLAHASSEE

2018 DEC -5 AM 10:36

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY OF LEAF PLLC

(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 11/06/2018 and assigned Florida document number L18000260340.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

15880 Summerlin Rd ste300 pmb192

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers, Florida 33908

Enter new mailing address, if applicable:

15880 Summerlin Rd ste300 pmb192

(Mailing address MAY BE A POST OFFICE BOX)

Fort Myers, Florida 33908

**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

City, Florida 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

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CLERK OF COURT  
HILLSBORO, FLORIDA

239

09:07:04 a.m. 12-03-2018

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	DR. ANDREW GROSS	15880 Summerlin Rd ste300 pmb192	<input checked="" type="checkbox"/> Add
		Fort Myers, Florida 33908	<input type="checkbox"/> Remove
AMBR	GEORGE SOLIMAN	5360 COBALT CT.	<input type="checkbox"/> Add
		CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Remove
AMBR	GEORGE SOLIMAN	15880 Summerlin Rd ste300 pmb192	<input checked="" type="checkbox"/> Add
		Fort Myers, Florida 33908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 CLERK OF DISTRICT COURT  
 TAMPA, FLORIDA

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 5th 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

George Soliman

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK OF STATE  
TALLAHASSEE, FLORIDA