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(Re	questor's Name)	
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SECULTARY OF STATE

JAN 07 2020 C. M.C.M.R.

COVER LETTER

TO: Registration S Division of Co			
QUALITY SUBJECT:	PRO SERVICES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	 -
			19 NOV 27
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	52
Please return all correspo	ondence concerning this matter	to the following:	
	Fatma Pediz		
		Name of Person	
	QUALITY PRO SERVIC	ES, LLC	
		Firm/Company	
	453 Chris Lane		
		Address	
	Mary Esther FL 32569		
		City/State and Zip Code	
	Pedizfatma@gmail.com		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report no	tification)
Fatma Pediz	oncoming man maner, preame c	850 5989398	
·	c n	at ()	
Name o	f Person	Area Code Daytir	ne 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)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 6327		The Centre of	Fallahassee
Tallahassee, I	-L 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY PRO SERVICES, 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 L	iability Company v	vere filed on	and assigned
Florida document number $\frac{1.18000281153}{1.18000281153}$ This amendment is submitted to amend the following the	owing:		19 HOV 27
A. If amending name, enter the new name o	f the limited liabil	ity company here:	V 27
The new name must be distinguishable and contain the w	vords "Limited Liabilit	y Company," the designatio	n "LLC" or the abbreviationL.
Enter new principal offices address, if applic			w Fr
(Principal office address MUST BE A STREE	T ADDRESS)		
Enton now malling address if annihable			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROV)		
Fruiting undress MAT DE ATOST OFFICE	<u>вод</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:		dress on our records,	enter the name of the new registered
New Registered Office Address:	453 Chris Lane		
New Negistered Office Address.		Enter Florida street	address
	Mary Esther		, Florida ³²⁵⁶⁹ Zip Code
Now Designated Amendo Signature if the river		City	Zip Code
New Registered Agent's Signature, if changing For the Agent's Signature, if changing For the Agent's Propositions of all statutes relative to the properties of the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this content agent where the company has been notified in writing of the content agent with the content ag	d agent and agree or and complete po stored agent as pro registered office a	erformance of my duti ovided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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>	Address	Type of Action
AMBR	SELIM BICER	154 BAYOU DR DESTIN, FL 32541	🗆 Add
			■Remove
			□Change
			□Add
			□ Rеточе
			□Change
		-	□ Change
		-,-,-	□Add
			🗆 Remove
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(If an effe Note:	ve date, if other than the date of filing:
the rec o) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	11/22/2019
Dated_	laher b AZ
	signature of a member of authorized representative of a member
	FATMA PEDIZ
	Typed or printed name of signee

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