L19000023698

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	egistration Se ivision of Cor						
SUBJECT	AD QUAL	ITY SOLUTIONS LLC					
DODUCE!	· ————	Name of Lir	nited Liability Company				
		Amendment and fee(s) are sulndence concerning this matter	_				
		Fernando Ferreira					
			Name of Person				
		AD QUALITY SOLUTION	ONS LLC				
Firm/Company							
		3771 SW 160th Avenue. A	Apt 303				
			Address				
		Miramar / Florida / 33027					
		adoublituanium (2000)	City/State and Zip Code				
		adqualitysolutions@gmail. E-mail address: (to be used for future annual report	d notification)			
For further i	information co	ncerning this matter, please c		, nouncation,			
Fernando Fe				4487822			
	Name of	Person	at (<u>786</u>) Area Code D	aytime Telephone Number			
Enclosed is	a check for the	e following amount:					
□ \$25.00 F	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

AD QUALITY SOLUTIONS LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears Liability Company)	оп our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL19000023698	y were filed on	01/22/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			. SE
Principal office address MUST BE A STREET ADDRESS)			AR: 20
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		רו גג	P R III
Enter new mailing address, if applicable:			S = T
Mailing address MAY BE A POST OFFICE BOX)			> 3
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B. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her	ffice address on c	our records, <u>enter</u>	the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floride	street address	
		Florida	<u></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 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

Title PRESIDENT	<u>Name</u> JENNIFER FERREIRA	Address 3771 SW 160Th Avenue. Apt. 303	Type of Action
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If an effect Note: If	e date, if other than the date of tive date is listed, the date must be speci the date inserted in this block does t's effective date on the Departmen	ific and cannot be not meet the an	prior to date of	filing or more than utory filing requi	(optional 90 days after filing the grant of	al)	uant to 6 10t be l	605.0207 isted as
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Filing Fee: \$25.00