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COVER LETTER

TO: Registration of Division of	on Section Corporations		
SUBJECT:	Quality Ouer Name of Lin	Ovan Hty Seam le mited Liability Company	SS Guthers Soffit and
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all corr	respondence concerning this matte	r to the following:	
		Angel A Arlequi	Δ
			is Suffit and fascia LLC
	3948 SW	7 th A VP Address	<u>- </u>
	Cape Cora	City/State and Zip Code	
	ange ar	Reguin O Yahuwi Com (to be used for future annual report notif	fication)
For further informati	ion concerning this matter, please		
Ange I	Marcof Person	at (239) 24 Area Code Daytime	0 - 1251 e Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	ee \$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

aught over	Quantity	Seamles	(whers	SUHLI-	indfasi,a
(Name of the Limited Lin (A Fig.	ability Company as it i orida Limited Liability (i <mark>ow appears on our</mark> Company)	records.)		
The Articles of Organization for this Limited Liabilit		led on	7/19	and ass	igned
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability co	npany here:			
The new name must be distinguishable and contain the words "	Limited Liability Comp	eany," the designation	n "LLC" or the a	bbreviation "L.	IC."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	ODRESS)				<u>. </u>
Enter new mailing address, if applicable:				 	
(Mailing address MAY BE A POST OFFICE BOX)	2			SE 2019	
			<u></u>	答 6	<u></u>
B. If amending the registered agent and/or re	enistated office ad	dress on our r	ocorde enter	the name	of-the new
registered agent and/or the new registered office a		uress on our r		7 王	or me new
			Ċ		
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida stree	t address		
	Cirv		, Florida	Zip Code	
	City	,		г.ф Соае	

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>	Address	Type of Action
MGR	Richy Ricardopa	RZ V44RZ 3410 61st 51 lehigh FL 33	W 12 Add
	,	lehigh FL 33	97/ □ Remove
			☐ Change
MLR	Richy ValaDe	SR _ 3410 615+ 5+ h	<i>)</i> □ Add
		C. SR 3410 61st Sth lengh FL 3	3971 R emove
			□ Change
			☐ Remove
			Change
		 -	□ Add
			□ Remove
			Change
			□ Remove
			Change
		 	Remove
			Change

√ ii an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an ei Note:	tive date, if other than the date of filing:
the report	cord 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	1000 det 23, 2019.
	Signature of a member or authorized representative of a member
	Ange Arleavin Typed or printed name of signee

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Filing Fee: \$25.00