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| (Requestor's Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| Office Use Only |

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07/03/19--01004--009 **25.00



COVER LETTER

TO: **Registration Section Division of Corporations** Solutions LLC SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the 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) L TYLE

JUL - S

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 A | |
|---|---------------------------------------|
| TC ARTICLES OF OI | |
| OF | |
| High Quality Hom | <u>L</u> Solutions LLC |
| The Articles of Organization for this Limited Liability Company w | were filed on 05092019 and assigned |
| Florida document number <u>L 19000 126319</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability $High Q$. Solutions L. | LC |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 2770 5W 265T Higmi, F1 33133 |
| Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>) | 2770 SW 26 ST Ligni, Fl 33133 |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: | |
| Name of New Registered Agent: Alence | 2 Diaz De La Nuez |
| New Registered Office Address: 2770 | 5W 265T |

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.

<u>Liami</u> City

Or. If Changing Registered Secut, Signature of New Registered Agent

Enter Florida street address

Enter Florida <u>33133</u> ______, Florida <u>33133</u> Zip Code

I

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

i

MGR = Manager AMBR = Authorized Member

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| <u>Title</u> | <u>Name</u> | Address | <u>Type of Action</u> |
|--------------|------------------------|--|-----------------------|
| M <u>BR</u> | RADMIR SUATEZ PEREZ | <u>2770 SU) 26 SE</u> Miami FL. 33133 | Add |
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| the date of filing: | | NA | | |

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated | 06/29/2019 |
|-------|--|
| | Signature of a member or pothorized representative of a member |
| | Radimir Sugrez Perez |

Page 3 of 3

Filing Fee: \$25.00