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O SIMMONS JAN 10 2020

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:Q1	15 Quality Name of Lim	Services LL ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Quen	ton Kendicl Name of Person	1(
	OIK QU	Firm/Company	
	7320 E. FI	Address	
	Tampa.	FL 33637 City/State and Zip Code	
	E-mail address:	SLLC () (5mail - C	O \\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.
For further information c	oncerning this matter, please ca	all:	
Quenton Name o	Landrick f Person	at (<u>1877</u>) <u>585</u> - Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on outed Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Compa	any were filed on <u>05</u> /	17/2019 and assigned		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited li	iability company here:	C-6 PH 3		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designati	on "LLC" or the abbreviation "		
Enter new principal offices address, if applicable:	7320 €	Fletcher MAUE		
(Principal office address MUST BE A STREET ADDRESS)	Tampa,	FL 33637		
Enter new mailing address, if applicable:	7320 E.	Fletcher AVE		
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, F	£L 33637		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records	, enter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stree	t address		
	, Florida			
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			SECRE Diange
			TO DE CONTROL
			Change
			□ Add
			□ Remove
			□Change
			□ Add
			□Remove
			Change
			□ Change

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Registera	d Agent	- 9- Av	thorized	Person	ــــــــــــــــــــــــــــــــــــــ
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ent's effective date on	the Department of St	ate's records.			
ord specifies a de 90th day after th		ate, but not an	effective time, at	: 12:01 a.m. d	on the earlie
12/3	,	2019.			
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Filing Fee: \$25.00