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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : BUSINESS CHOICE, INC.

Account Number : 120010000004 : (954)782-1829 Phone

; (954)697-0245 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ·-QUALITY GENERAL SERVICES LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY GENERAL SERVICES (Name of the Limite	LLC d Liability Compan	iv as it now appears on our reco lability Company)	rds.)		
The Articles of Organization for this Limited Lis			and assigned		
Florida document number L19000153631					
This amendment is submitted to amend the follo	win <b>g</b> :				
4. If amending name, enter the new name of	the limited liabi	lity company here:			
AZURE AUTOMOTIVE, LLC.			ron ab abbasission of I C"		
The new name must be distinguishable and contain the wa	ords "Limited Liabil		TC., of the appreximant, profes		
Enter new principal offices address, if applica	able:	3765 NE 11th AVE			
(Principal office address MUST BE A STREET ADDRESS)		POMPANO BEACH, FL 33	3064		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	BOX)	9765 NE 11th AVE POMPANO BEACH, FL 3	3064		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office <u>ss here</u> :	address on our records, <u>en</u>	ter the name of the new register		
Name of New Registered Agent:					
New Registered Office Address:	3765 NE 11th	AVE  Enter Florida street ad	idress		
	POMPANO E		, Florida 33064 Zip Code		
		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	Name	Address	Type of Action
AMBR	ROMERIO DA SILVA	3765 NE 31th AVE	DAdd
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