L19000178215

(Requestor's Name)

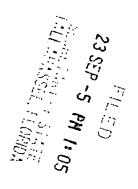
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COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT:	1B	I PRO, LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	ndence concerning this matter to	o the following:	
	\		
		Ilia Bobichev	
		Name of Person	
	Firm/Company		
	2101 ATLA	NTIC SHORES BLVD APT 108	
		Address	
	HALLA	NDALE BEACH, FL 33009 US	
		City/State and Zip Code	
		obichevatani@gmail.com	
	E-mail address: (to	be used for future annual report notif	ication)
For further information ed	oncerning this matter, please ca	II:	
Ilia Bobichev		754 2678899 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 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

QUAL	JITY PAINTING FO	OR YOU, LLC	
(Name of the Limit	ted Liability Compan (A Florida Limited Li	y as it now appears o	n our records.)
	(A Florida Limited Li	ability Company)	رې
The Articles of Organization for this Limited L	iability Company v	were filed on 07/17	/2019 and wigned
Florida document number L19000178215			10 E
This amendment is submitted to amend the following:			
A. If amending name, enter the new name o	f the limited liabil	ity company here	: GA G
IB I PRO, LLC .			
The new name must be distinguishable and contain the v	vords "Limited Liabilit	ty Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2101 ATLANTIC SHORES BLVD APT 108	
(Principal office address MUST BE A STREE		HALLANDALE BEACH, FL 33009 US	
Enter new mailing address, if applicable:			TIC SHORES BLVD APT 108 DALE BEACH, FL 33009 US
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		ddress on our reco	ords, <u>enter the name of the new register</u>
Hame of New Registered Agent.			
New Registered Office Address:	2101 ATLANTIC SHORES BLVD APT 108		
		Enter Florida	a street address
	HALLANDALI	Е ВЕЛСН	Florida 33009
		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
			□Add
		 	□Remove
			Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			Change
	 		□Add
			Remove
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	 		□Add
			□Remove
			Change

Page 2 of 3

Effective date, if other than the date of filing: Optional	 		
Effective date, if other than the date of filing: Ogy/07/2023			
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Filing Fee: \$25.00