## 490000244322

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## **COVER LETTER**

TO:

Registration Section

Divis	ion of Cor	porations		
	QUALITY	BUSINESS LLC		
SUBJECT: _		Name of Lin	nited Liability Company	<del></del>
The enclosed A	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return a	ill correspo	ndence concerning this matter	to the following:	
		ROSANGELA SOUZA		
			Name of Person	
		QUALITY BUSINESS LI	L.C	
			Firm/Company	
		1421 SW 107th AVE STE	115	
		<del></del>	Address	
		MIAMI FL 33174		
		<del></del>	City/State and Zip Code	
		roseqbs@gmail.com		
			to be used for future annual report no	tification)
For further into	ormation c	oncerning this matter, please c	all:	
ROSANGELA	A SOUZA		888 456-3691 at ()	
	Name of	Person	Area Code Daytii	me Telephone Number
Enclosed is a c	heck for th	e following amount:		
■ \$25.00 Fil	ing Fee	S30.00 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)
Regi	ng Address stration S	Section	Street Address: Registration So	
	sion of Co Box 632	orporations	Division of Co	
		7 FL 32314	The Centre of 2415 N. Monro	oe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY BUSINESS LLC		2020 F
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	100 CB
The Articles of Organization for this Limited Liability Company Florida document number L19000244322  This amendment is submitted to amend the following:		21 and assigned ass
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1421 SW 107th AVE STE 115	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33174	
Enter new mailing address, if applicable:	1421 SW 107th AVE STE 115	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33174	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	iddress on our records, enter th	e name of the new registered
		_
	, Flori	ida 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
			Remove
			□Change
			Remove
			☐ Change
			□Add
			□Remove
			☐ Change
	<del></del>		□Add
			□Remove
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ffective date, if other than an effective date is listed, the date	must be specific an	d cannot be prior	to date of filing	or more than 90 da	_ <b>(optional)</b> sys after filing.) P	ursuant to 605.0207
<u>lote:</u> If the date inserted in the ocument's effective date on the	is block does not	meet the applica	able statutory	filing requireme	nts, this date wi	II not be listed as t
bedineite's effective date off th	e Department of	state's records.				
record specifies a delayed effe	etive date. but no	t an offactive ti	ma at 12:01 a	m on the englis	rafilh). Tha C	10th day offer the
l is filed.	enve date, out no	t an encente of	me, at 12.01 a	in, on the carne	i oi. (b) The s	our day arter the
ated		2020				
-			<del></del>			
	Signature of a	member or author	orized represent	ative of a member		
ROSANGELA SOL	JZA					