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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT:	Goo	od Job LLC	
SUBJEC1	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Rez	eda Muratova	
		Name of Person	
		Firm/Company	
	3012	W Signature Dr, apt 1302	:
		Address	
	Davie,	Florida, 33314 City/State and Zip Code	
	r.mura	tova@gmail.com to be used for future annual report noti	fication\
For further information of	concerning this matter, please c	,	neation)
Rezeda Mura	atova	at 954 70796	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Sec	ction
Division of C P.O. Box 632	Corporations	Division of Cor The Centre of T	porations
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The PHID accioned Good Job LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10.10.2019 Florida document number _L19000255027 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TRM Quality Service LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3012 W Signature Dr, apt 1302 Enter new principal offices address, if applicable: Davie, Florida, 33314 (Principal office address MUST BE A STREET ADDRESS) 3012 W Signature Dr, apt 1302 Enter new mailing address, if applicable: Davie, Florida, 33314 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_, Florida _

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>	Name	Address	Type of Action
			□ Add
			□Remove
			Change
			□Add
			Remove
			□ Change
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ffootive	ve date, if other than the date of filing:	(optional)
an effect lote: If	ective date is listed, the date must be specific and cannot be prior to date of fili If the date inserted in this block does not meet the applicable statuto ent's effective date on the Department of State's records.	ing or more than 90 days after filing.) Pursuant to 605.0207 (
	d specifies a delayed effective date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) The 90th day after the
	cu.	
is filed	1/3/2020	
is filed	1/3/2020	
is filed		entative of a member