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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	: #)
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(Do	ocument Number)	
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DEC 16 2019 S. YOUNG

COVER LETTER

SUBJECT: DUC	11114 000-2110	CONCLATE L	<u>C</u>
	t Name of Linns	ed Hability Company	
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	William	C. RUSE T	
	Quality	Cabinet Con	upts UC
	2844 Ster	Ting RD. Guite	ER.
	Hollyn	UUUN. FL v 32	020
	Dily Doy M. E-mail address: (t	o be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
William	RUUSE	at (954) 549 0	1509
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION
OF
Quality Carriet Concepts Lic

(<u>Name of the Limited</u>) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 11000 36	ility Company were filed on October 196 and assigned
This amendment is submitted to amend the follow.	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<i>OX</i>)
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the neve e address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Et
-	Florida

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>	<u>Address</u>	Type of Action
MGR	William C. ROUSE III	2706 Fillmore st. Hollywood, Fl. 33020	Add
		Hollywood, FL 33020	Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Remove
			Change
			□ Add
·			□ Remove
			□ Change
			□ Renюve
			□ Change
			□ Add
			П Renюve
			Change

. If amending a 	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
	
(If an effective date Note: If the dat	if other than the date of filing:
he record spe The 90th da	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ay after the record is filed.
Dated	Charle 2019
<u> </u>	Signature of a member or authorized representative of a member
	William C. Rouse III Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00