119000266067

| (Requestor's Name) | | | |
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| (Address) | 50037 | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | 10/07/21 | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: Deann (1 + 1 Lind) Ad Visid + C Lidd(LLC) + C N(Lnc) (10) | | | |
| Ito Municipal | v 1 | | |

Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | ••• | |
|--------------------------------------|---|---|--|
| Quality A | ecomodations LLC | | |
| SUBJECT: | Name of Lir | nited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are sul | bmitted for filing. | |
| Please return all corresp | ondence concerning this matter | r to the following: | |
| | Deanna Hunt | | |
| | | Name of Person | |
| | Quality Accomodations 1 | LLC | |
| | | Firm/Company | |
| | 3415 West Lake Mary BL | VD #951895 | |
| | | Address | <u></u> |
| | Lake Mary, FL 32795 | | |
| | | City/State and Zip Code | |
| | msdeannahunt@gmail.com | | |
| For further information of | E-mail address: (concerning this matter, please c | to be used for future annual report notificationall: | חו |
| Deanna Hunt | | 4()7 965-6778 at () | |
| Name o | f Person | Area Code Daytime Tele | phone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & . Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed) |
| Mailing Addres Registration S | Section | Street Address: Registration Section | |
| Division of C P.O. Box 632 | | Division of Corpora The Centre of Tallal | |
| Tallahassee, 1 | | 2415 N. Monroe Str | |

Tallahassee, FL 32303



October 17, 2021

DEANNA HUNT 3415 WEST LAKE MARY BLVD #951895 LAKE MARY, FL 32795

SUBJECT: QUALITY ACCOMODATIONS, LLC

Ref. Number: L19000266067

We have received your document for QUALITY ACCOMODATIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist III

Letter Number: 221A00025240

AKTICLES OF ABILENDIVIENT TO ARTICLES OF ORGANIZATION OF

| Quality Accomodations LLC | |
|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.19000266067}{}$. | were filed on 10-23-2019 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | oility company here: |
| Quality Accommodations LLC | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the appreviation "LLC.", |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | <u> </u> |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the name of the new registe</u> |
| ingene under the new registered write address nere. | |
| Name of New Registered Agent: | |
| New Registered Office Address: | First (2) 11 |
| | Enter Florida street address |
| · | . Florida |
| , · · | City Zin Code |

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

| MGR = | Manager |
|--------|--------------------------|
| AMBR = | Authorized Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| Note: If the date inserted in this document's effective date on the | the date of filing: | sted as t |
| d is filed. | | |
| Dated Sep 27 | <u>2021</u> · · | |
| | Gista | |
| <i></i> | Signature of a member or authorized representative of a member | |
| Deanna Hunt | | |
| | Typed or printed name of signee | |

Filing Fee: \$25.00