119000292801

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		04/20
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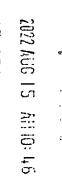
Office Use Only

4357-2976



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AUG 2 6 2022

COVER LETTER

RECEIVED TO: Registration Section **Division of Corporations** 109:11 Quality Constructio932 APR 20 AM 8:24 The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tulie Magill Quality Construction LLC 2006 N. Howard A-Ve. Tampa, FL 33607 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (8/3) 458 1860
Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25,00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)



June 11, 2022

JULIE MAGILL 2006 N HOWARD AVENUE TAMPA, FL 33607

SUBJECT: MAGILL QUALITY CONSTRUCTION LLC

Ref. Number: L19000292801

We have received your document for MAGILL QUALITY CONSTRUCTION LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note 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.," "LC.," "LC.," and "Co."

The document number of the name conflict is L21000444085.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 122A00013091

I do not intend to ...

revokt the dissolution

of Jalexian Construction lic

and I give Magin Quality

Controlson germission to use

the name Jalexian Construction

the name Jalexian Construction

the Names!

813 458 1860

MUU 1 5 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12 Mag 11 1	inability Company as it now appears on our records.) Torida Limited Liability Company) Torida Limited Liability Company) Torida Limited Liability Company) Torida Limited Liability Company)
(Name of the Limited)	tability Company as it now appears on our records.)
(A)	-forma Limited Liaming Company)
The Articles of Organization for this Limited Liabi	lity Company were filed on 1//27/19 and assigned
Florida document number <u>L19 000 2</u>	125.0)
This amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of th	e limited liability company here:
Jalexian Const.	ruction LLC
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or regi agent and/or the new registered office address b	stered office address on our records, enter the name of the new registered
agent and/or the new registered office address i	ere.
N. CNI D. Con ed A com	
Name of New Registered Agent:	
New Registered Office Address:	Enter Fiorida street address
	Florida
	, 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>	Address	Type of Action
			□Add
			□Remove
		□Remove	
			□Change
		□Add	
	·		□Remove
			Change
	<u></u>	□Remove	
			☐ Change
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	EIN# 84-3810681
_	
_	
Note: If	e date, if other than the date of filing:
the record : cord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	4/10/22 3-17/1)
	Signature of a member or authorized representative of a member
	Typed or primed name of signee

Filing Fee: \$25.00