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OCT 21 2020 S. YOUNG

COVER LETTER

TO:	Registration Sec Division of Corp						
CUDIE							
SUBJE	CI:	Name of Limi	ited Liability Company				
			Name of Person				
		Quality Culinary Services LLC					
		5007 N Hiatus Rd					
		Address					
		Sunrise, Florida 33351-801	8				
			City/State and Zip Code				
			_				
		E-mail address: (to be used for future annual report notif	ication)			
For furt	her information co	oncerning this matter, please ca	all:				
Lionel (C. Gallimore		,				
	Name of	Person		Telephone Number			
Enclose	d is a check for the	e following amount:					
□ \$ 25	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
	Mailing Address		Street Address:				

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quality Culinary Services 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 January 3, 2020 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Portia Wallace Name of New Registered Agent: 5007 N Hiatus Rd New Registered Office Address: Enter Florida street address Sunrise

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

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
AR	Qualice Ellington	1098 NW 103rd Street	☐Add
		Miami, FL 33150	Remove
			□Change
AR	Portia Wallace	2155 NW 93rd Terrace	
		Miami, FL 33147	□Remove
			Change
			
			□ Remove
			□ Change .
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			□ Remove
			☐ Change
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. Effective date, if other than the	Septemb	er 1, 2020	(male male	
. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this bi document's effective date on the D	lock does not meet the app	licable statutory filing re	than 90 days after filing.) Pursuant to equirements, this date will not be	o 605.0207 (e listed as t
the record specifies a delayed effective cord is filed.	ve date, but not an effective	e time, at 12:01 a.m. on t	he carlier of: (b) The 90th day	after the
	2020			
Dated September 1	2020	·		

Filing Fee: \$25.00