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(Re	equestor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Quality Construction Pros LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Victoria Lafferty Name of Person  Quality Construction Pros ((C
1008 Regas Dr. 5.
Atlantic Beach, FC 32233  City/State and Zip Code  Victoria @ acrojat.com  E-mail address: (to be used for future) annual report notification)
For further information concerning this matter, please call:
Victoria Lafferty at (904) 9030505  Name of Person Area Code Daytime 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 & Certificate of Status \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

<u>Quality</u> Constru	ection	Pros	LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now ap Liability Compa	pears on our i ny)	records.)	ı	
The Articles of Organization for this Limited Liability Company	y were filed on	2/11	120	_aˈnd a	ssigned
Florida document number <u>L2 60066 54163</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility compan	y here:		<u> </u>	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," t	he designation	"LLC" or the abbre	viation "	L.L.C."
Enter new principal offices address, if applicable:		•	ω	~	
Principal office address MUST BE A STREET ADDRESS)			ACC ∀C	921-	
			关系	4-1-	g g
Enter new mailing address, if applicable:		<u> </u>	SSE TO	<u>&gt;&gt;</u>	: 51
Mailing address MAY BE A POST OFFICE BOX)			E-S-	+	4 June 2
			1 1 171	9	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on ou	ır records, <u>e</u>	nter the name o	f the no	ew registe
Name of New Registered Agent:					<del></del>
New Registered Office Address:	<del></del>			. !	
	Enter	Florida street a	address		
	<u> </u>	····	_, Florida		
You Danisa and Annual C	City			Zip Code	,
lew Registered Agent's Signature, if changing Registered Agent;				,	

## N

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>	Name	Address	Type of Action
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			Change
			□Add
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effective dat te: If the da	e is listed, the dat te inserted in the ective date on t	e must be specific its block does r	and cannot bot meet the	applicable sta	of filing or mor stutory filing	e than 90 day	s after filing.)	Pursuar will not	t to 605.02 be listed
cord specific s filed.	es a delayed eff	ective date, but	not an effec	tive time, at	12:01 a.m. or	the earlier	of: (b) The	e 90th d	ay after th
ed	June	le	_, <u>26</u> -	<u> 21</u> .					
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