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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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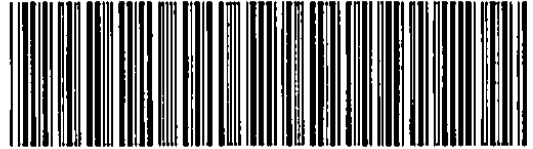
(Business Entity Name)

(Document Number)

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05/29/20--01015--024 **

2020 JUN 29 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FL

D. BR
AUG 1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXCEPTIONAL QUALITY 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:

JEAN GUILHERME SIMOES

Name of Person

EXCEPTIONAL QUALITY LLC

Firm/Company

1190 MUZANO ST #B201

Address

KISSIMEE, FL 34741

City/State and Zip Code

JEAN.SIMOEES.31@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN GUILHERME SIMOES

407 545 1218

Name of Person

at ()

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 &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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

REC'D JUN 29 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FL

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

EXCEPTIONAL QUALITY 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 03/01/2020 and as
Florida document number L20000058517.

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

Enter new principal offices address, if applicable:

1190 MUZANO ST, #B201

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE, FL 34741

Enter new mailing address, if applicable:

1190 MUZANO ST, #B201

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE, FL 34741

**B. If amending the registered agent and/or registered office address on our records, enter the name of the
agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
AMBR	SIMOEES, JEAN GUILHERME, SF	1190 MUZANO ST, #B201	<input type="checkbox"/> Ac
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Cl
AMBR	SIMOEES, JEFFERSON L, SR	1190 MUZANO ST, #B201	<input type="checkbox"/> Ac
		KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Cl
AMBR	SIMOEES, JEAN GUILHERME	1190 MUZANO ST, #B201	<input checked="" type="checkbox"/> Ac
		KISSIMMEE, FL 34741	<input type="checkbox"/> Re
			<input type="checkbox"/> Cl
AMBR	SIMOEES, JEFFERSON L	1190 MUZANO ST, #B201	<input type="checkbox"/> Ac
		KISSIMMEE, FL 34741	<input type="checkbox"/> Re
			<input type="checkbox"/> Cl
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Re
			<input type="checkbox"/> Cl

SECRETARY OF STATE
TALLAHASSEE, FL
APR 5 1988

2020 JUN 29 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUN 29 PM 5:18
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TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Jean Guillaume Simoes
Typed or printed name of signee

Filing Fee: \$25.00