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## COVER LETTER

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etin teer.	_	Multiservices LLC						
SUBJECT:			ited Liability Company	<del>-</del>				
The enclosed	LArticles of	Amendment and fec(s) are sub	mitted for filing.					
		ndence concerning this matter	•					
		Marilyn A Petty						
			Name of Person					
		MP Quality Multiservices	LLC					
		·	Firm/Company					
			Address					
		Apopka, Florida 32703		2020 AUG SCORETI TALLA				
			City/State and Zip Code	AUG 12				
		mpqualitymultiservices@ya		11. 72				
For further in	iformation co	E-mail address: ( oncerning this matter, please c	to be used for future annual report notifi- all:					
Marilyn A P		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	407 232-0285	1.5 E				
	Name of	f Person	at () Area Code Daytime	Telephone Number				
Enclosed is a	a check for th	ne following amount:						
□ \$25.00 F	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 (additional copy is enclosed)				
	<u>iling Addres</u> gistration S		<u>Street Address:</u> Registration Sect	tion				
Div	vision of C	orporations	Division of Corporations					
	). Box 632 Iahassee, l		The Centre of Ta 2415 N. Monroe	llahassee Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MP Quality Multiservices 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  $\frac{02/26/2020}{1}$ \_\_\_\_ and assigned Florida document number 1.20000064440 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 "LLC." 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 re agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, and <u>address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Marilyn A Petty	516 Lake Bridge Lane, Apt. 121, Apopka, FL 32703	□Add
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Dated August 10		2020	· ·					
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Typed or printed name of signee