L200000 69097

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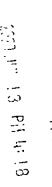
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C. GOLDEN Aug 2 2 2020

COVER LETTER

Registration Section Division of Corporations

TO:

QUALITY SUBJECT:	CALIBRATIONS OF FLORII	DA LLC	
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CONCETTA R LUPARDO	Э	
		Name of Person	
	CONCETTA R LUPARDO	О СРА РА	
		Firm/Company	
	1751 AVENIDA DEL SO	L	
		Address	
	BOCA RATON FL 33432		
		City/State and Zip Code	
	CONCETTA@LUPARDO	CPA.COM	
	E-mail address: (to be used for future annual report notif	fication)
For further information of	oncerning this matter, please ca	all:	
CONCETTA R LUPAR	DO	954 692-1350 at ()	
Name of Person		at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, ,

QUALITY CALIBRATIONS OF FLORIDA LLC

220.77 13 PN 4:18

(Name of the Lim	ted Liability Company as it (A Florida Limited Liability	now appears on our records Company)	<u>)</u>
The Articles of Organization for this Limited I Florida document number <u>L20000069097</u>		filed on03/02/2020	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability co	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Con	npany." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
B. If amending the registered agent and/or agent and/or the new registered office address.		s on our records, <u>enter</u> :	the name of the new registere
Name of New Registered Agent:	RANDI PILATO		
New Registered Office Address:	1751 AVENIDA DEL		
		Enter Florida street address	-
	BOCA RATON		orida 33432
	Ci	ù.	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.

tf 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
MGR	RANDI SHAPIRO	1751 AVENIDA DEL SOL	
		BOCA RATON FL 33432	=Remove
			□Change
MGR	RANDI PILATO	1751 AVENIDA DEL SOL	∃ Add
		BOCA RATON FL 33432	□Remove
			□Change
	<u>. </u>		
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

(If an e Note	tive date, if other than the date of filing:
he reco	ord 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 filed.
Date	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	RANDI PILATO
	Typed or printed name of signee

Filing Fee: \$25.00